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ORIGINAL COMMUNICATIONS.

A CASE OF RUPTURE OF THE UTERUS.

By E. L. HOLMES, M. D., of Chicago.

The statistics of obstetric science, derived from hospital records, present so large an aggregate number of cases of Rupture of the Uterus, and our periodical publications give us so frequently the history of such cases, as they occur in private practice, that the report of an additional case may possibly be considered by our readers as useless.

The following brief report, however, of a case of this terrible accident may be of some importance to those interested in collecting facts relating to this subject:

I was called some time since to attend an Irish woman about 32 years of age, in her fourth confinement. The liquor amnii had been discharged about fourteen hours before my visit, although decided labor pains did not commence till ten or twelve hours after the discharge of the uterus. The patient informed me that her health had always been good even in pregnancy, but that her previous labors had been protracted and quite difficult.

The os uteri was but slightly dilated—head presenting with vertex to the left acetabulum—pains very moderate and occurring at intervals of ten or fifteen minutes.

At the end of six hours, during which time I had visited the patient quite often, the os uteri had become well dilated and the head had passed the superior strait. The patient was in good spirits and quite strong. Labor was tedious, but otherwise progressing favorably.

I had occasion to leave the house for a few moments, and on my return was informed at the door that the patient was dying. It appeared that a moment before, while in an ordinary pain, the patient suddenly uttered a shriek and fainted, when all symptoms of labor pains ceased. I found her complaining of intense pain in the abdomen and of great thirst. The extremities were cold, lips purple and face covered with cold perspiration. The breathing was hurried, pulse scarcely perceptible and strength evidently failing. I immediately removed the pillow from the head; directed full doses of brandy and water, and sent a messenger a short distance for Prof. Freer, who arrived in a few minutes; and, as a pair of forceps was not at hand, delivered the woman with some difficulty by turning. On passing my hand into the uterus for the placenta, I found the organ wholly uncontracted, with a rupture in the fundus about $4\frac{1}{2}$ inches long, extending obliquely across the right side, downwards and forwards. A fold of the intestines was lying in the rupture. There was no more external hæmorrhage than usual, nor was there an undue amount of coagula in the uterus with the placenta.

The great prostration of the patient was undoubtedly caused by the nervous shock rather than the extensive loss of blood. Death occurred about three minutes after the delivery of the child. No autopsy was obtained.

NOTES OF A CASE OF IMPACTION OF THE
APPENDIX VERMIFORMIS—CÆCITIS—DEATH
—POST-MORTEM APPEARANCES.

By DE LASKIE MILLER, M. D.

The following brief history of a case which recently came under my care, is so strikingly similar in its course and termination to cases which occasionally occur in practice, in which treatment proves unavailing, but in which no post-mortem examination is made, which would reveal the real cause of the disease and death, that I am induced to give it publicity. It may furnish a key for the explanation of similar cases, which, like this, cannot be regarded otherwise than unfortunate in the extreme, on account of the distressing symptoms, and the utter impossibility of arresting the progress of the disease or of averting the sad termination.

Walter B., aged about twenty months, rather over the usual size of children of his age, had enjoyed good general health, with the exception of occasional attacks of slight indisposition. A somewhat protracted course of psorophthalmia from which he had recovered gave rise to a suspicion of strumous predisposition.

In the early part of July I was requested to visit him on account of a slight derangement of the bowels. He had some diarrhoea, though the discharges were not very frequent or profuse, and although he suffered from occasional attacks of pain, there was no appearance of any unusual complication which should render the case unmanageable. Antacid astringents and anodynes were prescribed which afforded temporary relief. The paroxysms of pain, however, continued to recur with increasing severity; the evacuations from the bowels ceased, but nausea and vomiting ensued. The abdomen now began to be distended and tympanitic. A congenial embilical

hernia gave rise to the suspicion that strangulation might cause some of the symptoms, but a careful and thorough examination, in which I obtained the valuable assistance of Prof. Brainard, led to the conclusion that no complication of this kind existed. The bowels not having acted for several days, an attempt was made to effect this and overcome any obstruction which might exist, by large enemata of warm water introduced through one of O'Brien's tubes. This was repeated from time to time, without, however, producing the desired effect. The paroxysms of pain continued to increase in severity until they became agonizing, and the vomiting was more frequent and distressing. These symptoms continued, while the strength of the system gave way, notwithstanding my most sedulous endeavors to sustain the vital powers, and death took place twelve days after my first visit.

The post-mortem examination made twelve hours after death, in which I was assisted by Prof. Ingals, revealed the small intestines greatly distended, principally with gas, (but not entirely); the large intestines nearly empty. The coats of the bowels were but slightly injected and not discolored, except at the cæcum, the coats of which were considerably thickened and of a dark color. The appendix was enlarged, and completely filled and distended with fecal and decomposing matters. Its coats were thickened and of a livid color, and a few small patches of lymph lay on the peritoneal coat of it and the cæcum; with this exception the peritoneum appeared quite healthy. At the junction of the small with the large intestines two excrescences of considerable size were found, which were so situated as to have had the effect apparently of compressing and closing the ileo cæcal orifice.

The examination revealed the exact seat of the disease, the cause of its persistence and fatality, viz: the distension of the appendix with highly irritating matter. The cause of this impaction, or rather the reason why it does not more frequently occur so as to lead to a fatal termination, would be an interesting question for investigation.

The following selections, taken from the standard authors at hand, give the views entertained upon the causes, symptoms and termination :

"Diminished contractile power of the muscular coat, with distension of the intestine and over-exertion are the probable causes of propulsion of fæces into the appendix. * * However produced any concretion in this part leads to very serious results. * * In strumous patients these concretions more readily tend to an unfavorable result, leading to perforation, abscess or peritonitis. * * There appears to be a greater tendency to this local enteritis of the cæcum in strumous than in other subjects. * * Disease of the appendix sometimes exists for some time without manifesting any symptoms."—*Habershon on the Alimentary Canal*.

This author gives numerous cases where the fatal result was attributed to impaction of fæces in the appendix, and expresses the opinion that this is most liable to occur in early life.

"Whatever the seat of the obstruction its existence is portrayed by much the same train of symptoms in all cases."—*West on the Diseases of Children*.

Then follows an examination of the symptoms almost exactly as they occurred in the subject of this case.

"Not a few cases are recorded where the most violent inflammation was induced by the impaction of fæcal matter in the appendix, followed by gangrene of the tube and general peritonitis."—*Gross, Path. Anat.*

"This disease has been almost invariably fatal."—*London Lancet*.

Bell and Stokes conclude their description of the disease as follows :

"It will be observed that in the cases now related there was at first diarrhoea, which was followed by obstinate constipation. Such is the usual occurrence whenever the cellular substance round the cæcum becomes inflamed, owing to the loss of contractility in the muscular coat of the intestines by inflammation and partly to the mechanical pressure of the swelling on the cæcum, and on the colon also, and small bowels. * * The prognosis is by no means favorable."

Copland's Dictionary of Medicine contains a most elaborate

and valuable article upon this subject, wherein it is stated that inflammation of the appendix, when occasioned by impaction, often does not extend to the cæcum even, but that such cases are most rapid and dangerous." In regard to treatment, it is advised that "the assiduous administration of enemata must not be neglected; it is entirely by their agency in this state of disease that the bowels are to be evacuated."

Similar views are expressed in Wood's Practice, in Dunglison's Practice, in the Library of Practical Medicine, etc., etc.

From the history of the case given above, and these references to the disease, the conclusion is irresistible, that if post-mortem examinations were made more frequently, this complication would be met with many times, where now it is not suspected.

CASES TREATED WITH *KREOSOTE*.

By H. VANTYLE PASSAGE, M. D.,
Of Peru, Indiana.

Case First.—LUPUS EXEDENS.

About the 5th of last March, I was called to see Mr. H—, aged 30 years. He informed me that he had a cancer on his nose, of three years standing; that he had employed the services of a number of doctors, and all had assured him it was a cancer. I questioned him in regard to its origin and progress, and ascertained that swelling and inflammation of the *alæ nasi* was the first symptom he noticed of the disease, and it had progressed gradually ever since. At the time of my visit, there was excoriation of the external surface as far up as the arch of the nose, which was partly covered with dry scabs, and the remaining portion of the surface secreting an ichorous matter. The internal surface was in a state of excoriation as far up as the upper portion of the nasar arch (the

septum of the nose being destroyed up to the vomer), and secreting a matter much like the external exudation. My diagnosis was, *Lupus Exedens*, or *noli me tangere*.

I adopted the treatment taught me by Prof. Brainard, which was Iodide of Potasii internal, and directed the surface to be washed every day with warm water and *Sapo Cast*, followed by the application of Kreosote. I directed the application to be made with a camel hair pencil and over all the exuding surface.

This treatment was kept up until the cure was completed, which was done in about two months, and there has been no symptom of a return of the disease up to the present (December 10th) time. I give the facts and leave any further comment to the reader.

Case Second.—HÆMORRHOIDS.

Rev. Mr. B—— applied to me about the first of June, and informed me that he had been troubled with piles for nine years, and was so troubled at times that he could not ride on horseback. He had three tumors in the rectum, the farthest one being about one and-a-half inches from the external anus. Notwithstanding the liability of internal Piles to bleed, they never had troubled him with hæmorrhage. I ordered that the bowels should be kept open with mild aperients and the rectum washed once a day with *Aqua Pura* and *Sapo Cast*; then apply an ointment to the tumors composed of Kreosote and lard, equal parts. This treatment was followed for about three months, when the patient informed me that the tumors were all gone except the one highest up in the rectum, and that was hanging by a string and moving up and down according to the posture he assumed. I severed the cord-like substance that retained the tumor and it was removed. The old gentleman has attended to his business as an itinerant minister without any inconvenience since the cure was completed; and I may add that the only trouble during the treatment was in applying the remedy.

I have since applied the Kreosote ointment to a case of external Piles, of eight months standing, with a good result, the tumor disappearing in about four weeks.

Case Third.—CHANCERE.

I was treating a case of soft Chancre or primary Syphilis, which refused to yield to the lunar caustic. The Chancres were three in number and situated on the gland beneath the prepuce. I applied the clear Kreosote with a camel hair pencil. The patient drew the prepuce over the glands, and as far as the Kreosote came in contact with the mucus membrane it formed a blister, but in two days the blister came off in the form of a scab and the Chancres were gone.

I have since used the Kreosote in a case of Chancre on the external portion of the prepuce, and it was entirely destroyed in seven days.

I am using the Kreosote in two cases of more importance than any of those related, and I will report as soon as I obtain the result.

TREATMENT OF SEA-SICKNESS.

Thomas M. Hocken, M. R. C. S., and formerly of the ship *Great Britain*, uses the following in cases of sea-sickness:—
“Dilute hydrochloric acid, two drachms; dilute nitric acid, one drachm; hydrocyanic acid (Scheele’s), sixteen minims; sulphate of magnesia, six drachms; water to eight ounces. Two table-spoonfuls to be taken every three or four hours.”
Previous to its administration he gives, as he says in the *Lancet*, “a sound purge of calomel and colocynth, or of croton oil on sugar, taken with as little water as possible. Diet, gruel, sago, or arrowroot, with a little brandy, and dry toast and tea.

SELECTED.

DENTITION AND ITS DERANGEMENTS.

By A. JACOBI, M. D.

LECTURE VI.—PART I.—No part of the infantile organism is more exposed to injurious influences than the mucous membrane of the mouth, nor is there any which is more frequently observed to suffer. Traumatic injuries are not frequent, except those sometimes produced by sharp margins of teeth irregularly shaped; the more frequent affections are those resulting either from chemical influences, or from an excessive degree of temperature. The mucous membrane of the mouth is very irritable, being accustomed only to amniotic liquor in foetal life, and to milk in the early stage of extra-uterine existence. Every change in the diet, therefore, the bad quality of the maternal or artificial nipples, the use of candy, sucking bags, or alcoholic beverages, coffee, or stimulants of whatever kind, will act as irritants, producing hyperæmia or inflammation in a more or less severe form. It is by no means common to observe very severe forms of stomatitis after all such preceding causes; on the contrary, the large majority of cases, including those depending on primary acute catarrh of the stomach, and the raising of a large quantity of gastric acid, so frequent in infantile age, are very mild. Nor are some of the most severe forms of stomatitis in adults often found in early age. Thus it is a peculiar fact that the influence of the external and internal use of mercury has little influence on the mucous membrane of the mouth, or the salivary glands, in infantile life. Whatever the consequences of the administration of mercurial preparations may be, salivation, or even a mild form of erythematous stomatitis, is seldom observed; in a large number of adult patients there will perhaps none be found who will not suffer from a certain amount of mercury, but of infants and children of even more advanced age, those who show mercurial symptoms are exceptions to the rule.

There are a number of indirect influences also observed to produce the common, or erythematous form of stomatitis. It will often be seen in dependence on, or in connection with

traumatic injuries of the face, erysipelas, and hyperæmia and inflammation of the pharynx. It is further seen under the influence of many dyscrastic processes, as it is a very common symptom attending scarlatina, variola, morbilli, syphilis, and typhoid fever. It is frequently, as its causes will often continue or return, or be replaced by others, of long duration and obstinacy, like the pharyngeal hyperæmia and swelling in adults, and very generally proves a serious difficulty, although unattended by severe fever or deep seated anatomical disorganization of any particular organ. Injection, swelling, high temperature, and slightly reddened color of the mucous membrane, copious or suppressed secretion, and pain on being touched, are the usual symptoms of the common form of erythematous stomatitis.

A more severe form is that known by the name of aphthous stomatitis. The superficial layers of the epithelium are not thrown off during the hyperæmic swelling of the mucous membrane, as in erythematous stomatitis, but a real and visible change takes place in the anatomical structure of the follicles. There is a circumscribed, punctated, vascular injection around a follicle, which is gradually infiltrated by exudation. The consecutive swelling increases in proportion, the follicles will burst and exhibit a superficial erosion, or ulceration, and the adjacent mucous membrane will be sympathetically affected. Some of these cases, which are by no means very frequent, look very much like the vesicles of labial herpes, with the only exception that they are less accommodated on a certain small locality; some may be explained by mechanical injuries, some can not be explained at all. If it was not for those cases occurring in the first two months of life, so well described by Bednar, aphthous inflammation of the mouth would be a very rare disease; at all events the first stage will seldom come under observation, and usually the second stage, in which the vesicles are fully developed, is brought to your notice.

That dentition, that is, the protrusion of teeth through the gums, can have nothing to do with this form of stomatitis, is manifest from the fact that it occurs mostly in the earliest period where teeth protrude in but very rare and exceptional cases; and that, whenever it is seen in advanced age, no connection, either casual or as to time, can be found between the two. Much less can be said of all the forms of inflammation of the tongue, known to be the consequences of caustic substances, combustion, or the poisonous stings of insects; this

parenchymatous glossitis has not even been supposed by the most ardent advocates of the universal danger of dentition to be the result of its influence. Nor are the most severe forms of disease of the mouth attributed to dentition, like noma, or scurvy, or diphtheritic inflammation. They are, like the usual form of stomacace, in which fibrinous exudations are deposited into the superficial layers of the mucous membrane, with an immediate tendency to gangrenous decomposition, well known to be not only the result of a local affection, but more so of a general decomposition of the blood. They are to be considered as the local symptoms of a general disease, the former being entirely subordinate; to say nothing of the age in which they occur by preference. Diphtheric inflammation will occur in any age, but mostly between the first and third, at all events rarely before and during the protrusion of the first incisors; scurvy, noma, and stomacace are mostly seen in a somewhat advanced age, between the fourth and tenth years of life. In these, the local affection is something; but the larger amount of the symptoms and of danger depends on the general character of the disease.

There is another form of disease, on which nearly the same remarks may be made. Inflammation of the parotid gland, both idiopathic and symptomatic, is not a very uncommon disease, except in the age of dentition. Idiopathic parotitis will usually occur as an epidemic disease, in a similar manner as diseases of the larynx, or pneumonia, will appear as an epidemic, from some causes not perfectly understood, but depending on season and the condition of the atmosphere; this idiopathic form is seldom seen both in the first year of life and in sensible age. The symptomatic form, which will usually terminate in suppuration, and is observed in certain epidemics of typhoid fever, cholera, septicæmia, and in some of variola, measles, dysentery and pneumonia, is very rarely observed in small children; and therefore, among the cases of the above-named diseases, dentition is out of the question, with the exception, perhaps, of an occasional slight swelling of the parotid gland, brought on by the contiguity of the mucous membrane. I certainly do not deny the possibility of erythematous stomatitis occurring during the protrusion through abnormal gums, of perhaps an abnormal tooth, in an abnormal direction, and in an abnormally irritable child—one or more of these conditions being together, and therefore admit that a mild parotitis may sometimes occur in a casual connection with dentition; but what I deny, and have attempted to prove

by the illustration of the physiological process of dentition, is this, that diseases depending on this process are not the rules, but the exceptions. At all events, not even the slightest erythematous stomatitis must be permitted to go on the plea of dentition, unless there is a local hyperæmia of the gums, the seat of the supposed cause of disease, corresponding with the more general affection. I lay the more stress on this, as I believe I have shown by the numerous causes of stomatitis exhibited to you, that we need not be at a loss to find a cause in any given case, if we are competent to form a differential diagnosis. As long as there is certainty, we had better not resort to hypothesis or conjecture.

If a large number of cases of stomatitis was the result of dentition, why is that a uniform mode of treatment, if any its resorted to, has been accepted in these cases, relating to, and dependent on this cause? And why is it, that if any uniform treatment has been accepted, and is recommendable, it is just such as has no connection whatever with dentition? And why further is it, that having no regard whatever to either teeth or gums, it is so uniformly successful? I speak of the chlorate of both potassa and soda, the effect of which in all these cases can no longer be doubted. It has long been a matter of difficulty after it had been largely introduced into practice, since the times of Hunt, West, Isambert and others, to decide whether the effect was local or general. But the experiments of Gamberini and Semnola show, that the local effect of chlorate of potassa in mercurial stomatitis is very little, if any; but that the same remedy administered in sugar-coated pills, has a satisfactory effect. My own experience has led me to the same conviction, although, if any local effect is produced, it could be done by the chlorate being transmitted into and secreted by the saliva.

Another of those diseases often enumerated among the consequences of dentition is that sometimes called membranous stomatitis, now better known by the French name of "muguet."

Muguet is an affection which a few facts will prove to have not the slightest connection with dentition. It has been generally observed in new-born infants, or in those but a few weeks old, but it is occasionally met with in more advanced life, even in adults suffering from exhausting and fatal diseases, towards the close of life. It is known by the occurrence of whitish or greyish, cream or cheese-like deposits of variable sizes, on the mucous membrane of the upper part of the digestive tract; they will be found on the lips, tongue, cheeks,

pharynx, even in the larynx and œsophagus, but never in the stomach. One of its prominent symptoms, as described by adults, is a burning pain in the mouth, corresponding with the local affection; that infants suffer in a similar manner, is proved by their crying on being touched, and by their unwillingness to take the breast or swallow. Where no deposit happens to be seen, the mucous membrane appears injected, dry and smooth, and but little mucus and saliva is secreted. In perhaps every case diarrhea has been observed; so regularly indeed, that Vallaix speaks of diarrhea as one of the common and almost pathognomonic symptoms of muguet. It is, however, probable that its cause is to be sought for in the impaired digestion, want of mastication, absence of saliva, and affection of the mucous membrane generally.

The enumeration of a number of symptoms does not explain the nature of a morbid process, or a pathological deposit; and nothing but a description of the pultaceous deposits on the mucous membrane will illustrate the morbid change taking place in the mouth. They consist of the mucus of the lining membranes, of old and new epithelial cells, of fat globules, particles of food more or less decomposed, and finally, of microscopical fungous growths of different size, with sharp outlines and indentations, from which equally composed thalli will originate, to such a number sometimes as to form a network of dendritic parasitic tissue. The fungus was discovered by Robin, and called *oidium albicans*, and has been described by Laycock, Gubler, and a host of other medical writers. It is not known in any form differing from that found in the mouth, and it is probable that it is, as such, contained in the air, and deposited at the entrance of the digestive organs; at least no other opportunity for its occurrence on the mucous membrane of the mouth is possible. It may be transmitted by the atmosphere, or transplanted from one individual to another by direct contact, by the use of the same spoon, etc. But it will not always develop itself with the same readiness, certain conditions being required. They depend on an acid condition of the mucous secretion of the mouth, a certain dryness of and injection of the mucous membrane, feebleness of mastication, and easy access of air.

It is important to observe, that the secretion (as far as it is kept up) of the mucous membrane of the mouth is acid instead of alkaline. It is very frequently found in infants whose mouths are not kept so clean as they ought to be, who are accustomed to sleep while, or immediately after, taking the

breast, and retaining milk in their mouth, which soon is decomposed and acid. Muguet is therefore often found in foundling hospitals, where the inmates receive but little care, and uncleanness is almost the general rule. Where proper cleanliness is strictly enforced, no muguet will appear, because no parasitic fungus is allowed to settle and form a crust of pulaceous matter. Thus pure water is both the best prophylactic and curative agent; the only thing worth adding is a small quantity of alkaline substance, chlorate of potassa or soda, carbonate of potassa or soda, biborate of soda or chloride of sodium. The mouth of every infant ought to be washed out after each meal, to be certain that no deposit remains on the mucous membrane. Where such has been the case, the local treatment alluded is perfectly sufficient. The deposit is found in the superficial layers of the epithelium; it seldom reaches the deeper ones, and scarcely ever implicates the lining membrane itself. Thus cleanliness will remove the affections; the surface sometimes bleeds when the deposit is rubbed off. The addition of sugar, rose-honey, or syrup, to the water (or weak alkaline solution), must be strictly avoided; these substances will adhere to the lining membrane and themselves undergo decomposition and prove a source of new difficulties.

The occurrence of muguet, then is a mere accident, and has no intrinsic connection either with a distinct morbid process, or with any certain period of early infantile development. It is no more characteristic of any constitutional disease, or general condition of the system, than *tinea favosa* on any part of the surface, which may be communicated from either man or animal, or scabies. You readily perceive that there is no shadow of a reason to search for any connecting link between the formation and protrusion of teeth and the accidental peculiar deposit on the mucous membrane of the mouth, called muguet, which years ago could be taken for a special kind of exudative stomatitis, but is now well understood.—*American Medical Times.*

“THE CONNECTION BETWEEN CEPHALIC SYMPTOMS AND ORGANIC LESIONS, IN CHILDREN.”

Read before the Norfolk (Mass.) District Medical Society, November 13th, 1861,
by B. E. Cotting, M. D., of Roxbury.*

In repeating the proposition offered for consideration, it will be noticed that the subjects specified are children; the symptoms given, cephalic; the solution sought, the anatomical conditions or changes which underlie or induce the outward manifestations.

If, then, we find a child previously healthy the following *reputed* cephalic symptoms, coming on with marked severity and regularity, viz.:—sudden high fever, ushered in, perhaps, by convulsive agitations; a sharp, frequent pulse; irregular respiration; moaning; staring, injected eyeballs; unusual irritability of temper; great apparent headache, increased by motion, the patient steadying the head by the hands; piercing cries, as of severe and darting pain; great sensitiveness to noise and light; strabismus, or unsteady pupil; great restlessness; twitchings of the face and muscles generally; frequent vomiting, without pain or tenderness in abdomen, often without apparent nausea, and without subsequent relief; constipation more or less obstinate—if we find such a general combination of symptoms, we may have good reason to infer that they are connected with an inflammatory process going on within the cranium, that the pia mater is the principal seat of this inflammation—constituting the disease usually called by the latest writers ACUTE MENINGITIS; and we may also infer that this inflammatory process is accompanied, in the membrane involved, by redness, fulness even to swelling (congestion, so-called)—at first dryness, and then exudatory moisture.

And furthermore, if the disease continues to increase, and (not brought to a rapid termination in severe convulsions) goes on, with varied and irregular intermissions, to loss of perception; paralysis; general muscular relaxation; dilated pupil; stertorous breathing; feeble, fluttering, intermittent pulse;

* It is customary in this Society to propose questions for discussion, and to appoint members (in alphabetical order) to open the discussion by written papers. The following was written in obedience to such a call. Without any special pretensions to originality, the writer, in expressing his own opinions, has not hesitated to avail himself of whatever suited his purpose from others—Reynolds, Wilks, etc., etc.

sunken face; retracted abdomen; involuntary discharges; general prostration, and death—a *post-mortem* examination will show the cerebral membranes more or less intensely injected, but smooth or not granular; the surface of the brain covered in part, or whole, with lymph originating from the membranes; lymph often purulent, sometimes filling the interspaces or concealing the convolutions by its amount. This lymph is found under the arachnoid, and usually less towards the base of the brain, but in exceptional cases the base seems to have been the seat of the attack, and to be covered with the larger quantity.

Generally little or no change can be discovered in the ventricles, excepting now and then an increased amount of serum. The brain-substance, adjacent to the meningeal inflammation, and evidently disturbed by it as the symptoms indicated, does not always exhibit morbid changes after death. It is sometimes, however, injected or softened. The arachnoid is also occasionally affected, presenting a dry or sticky surface.

This disease is rare. A general practitioner is not likely to see, in his own practice, more than one or two cases in a lifetime. West, with all the advantages of a hospital and a speciality, saw but *seven*, and these were all fatal. The duration of the disease is short—it may be not more than three or four days.

If now, on the other hand, we find in a child of previously unhealthy tendencies, cephalic symptoms somewhat similar to those just enumerated, except, perhaps, that besides being less abrupt and violent in their onset, they are less rapid in their progress—having been preceded for some time by slight febrile disturbances, dull pain in the head, giddiness, uncertain or staggering walk, restlessness, peevishness and the like, most or all of these so light, perhaps, as to have scarcely attracted a passing notice—if, with such antecedents, we find obstinate and unprovoked vomiting, constipation, often a short hacking cough—more or less of these symptoms intermitting at irregular intervals, and recurring with increased severity, with greater pain, wandering delirium, drowsiness, etc.—from intolerance of disturbance to loss of perception, convulsions, hemiplegia, and finally general paralysis—accompanied by a rapid, declining pulse, cold extremities, and at last *death*; if we find such a series progressing in a child which has in itself or through its progenitors a tendency to scrofula, tubercular formations, or other kindred debilitating affections, we may be quite sure that we have to deal with TUBERCULAR MENINGITIS;

and that the cephalic symptoms exhibited, whether simple or complicated, arise from the development and growth of tubercular disease in the meninges, communicating a disturbing influence to the cerebral substance.

After death there will be found, in a large majority of cases, lymph at the base of the brain, always tubercles in the pia mater, serous effusion in the ventricles, in a greater degree than in the previously described affection; accompanied usually, though not always, by some perceptible softening or other morbid condition in the adjacent portions of the cerebral substance itself. Oftentimes confirmed tubercular deposits in other organs, especially the lungs, leave no doubt of the true character of the disease.

The duration of the disease is generally two or three, or more, weeks after the symptoms are well confirmed. It is not an unfrequent disease. Every physician is liable to meet with one or more cases every year of his practice. And from what has been said, it may be inferred that it seldom if ever occurs as a primary affection; and that it must of necessity, usually if not always, have a fatal termination.

This is the disease which Wytt (who a hundred years ago gave a very graphic description of it) called *hydrocephalus internus*, from an occasional though by no means constant result of its inflammatory action. He was not so unphilosophical as to give it the absurd title of *acute hydrocephalus*, which has been attributed to him.

Tubercular meningitis is the most common and well-marked encephalic disease in children, and such are the connections between its symptoms and the lesions which observation has revealed.

It is not uncommon for authors to call the diseases we have described meningitis and arachnitis indiscriminately, and to speak of the latter as a frequent affection, but it is our belief that *arachnitis*, uncomplicated, that is, a simple primary inflammation of the arachnoid membrane, is a very rare disease—so rare that some of our most experienced pathologists have never seen a case of it. Whenever adjacent inflammation extends to the arachnoid, it seldom produces any other perceptible lesion than a little greasy or sticky feeling on its surface; and the connection of such lesion with preexisting symptoms is so obscure or so slight as to be of little practical importance. In general those affections of the arachnoid, which become of clinical importance, arise from

disease, or external injury, of the dura mater, and are to be studied in connection therewith.

INFLAMMATION OF THE DURA MATER, so far as known, is a result of injury or disease externally affecting the bony structures of the head.

CEREBRITIS.—The “cephalic” symptoms usually ascribed to this affection are dull headache, vertigo, numbness, confusion of thought, defective muscular motion, silliness or want of expression, impaired speech, partial or general paralysis, obscure or partial convulsive movements, rigidity, &c. When such symptoms occur either by themselves or in connection with any other affection, (meningitis, for instance) there is thought to be reason to suspect more or less active inflammation of the brain, and that its substance will be found after death in a disorganized or softened state. But such anticipations are not always confirmed.

CONGESTION—an early anatomical condition of meningitis—when existing by itself (if ever) may exhibit more transitory symptoms than a confirmed disease. There may be, perchance, less vomiting. Constipation may be accidental. Full pulse and other signs of plethora may be present; and, in general, the obscure indications of congestion may not unfrequently be referred to a distant and perhaps far different affection. But we must not expect tangible *post-mortem* proofs of congestion, as, from the nature of the case, our evidence of its previous existence must be mostly clinical. Dr. Gooch has given evidence to prove that heaviness of the head, and *drowsiness*, attributed “inveterately” to congestion, really depended, in his cases, upon a deficiency of nervous energy; also, that the state of the eye (dilated, motionless) resembling that resulting from *effusion*, as supposed, was in reality due to a deficiency in the circulation of the brain. Marshall Hall and Abercrombie have also described such anæmic cases, arising from derangements of the digestive organs.

EFFUSION, sometimes called *chronic hydrocephalus* when long a prominent symptom, can hardly be called an organic lesion, although often spoken of as such, but rather the result of a number of various and even opposite pathological conditions. Though the morbid change may be too slight or too obscure to be demonstrated after death in the parts containing the effused liquid, still simple *passive exudation* unpreceded by some such change, is hardly supposable, even on the loosest theory of functional derangement only. As effusion

into the chest is now ascribed previous to latent disease, however slight and unobservable its symptoms, so encephalic exudation must have a similar origin, though its occasion may be in a distant locality. Moreover, effusion is often only an attendant upon a moribund state—a mere closing up, it may be, of some remote affection (cholera infantum, for instance)—a mortuary result, not a previous complication.

Special symptoms as indications of specific organic conditions are, we fear, hardly worthy of the reliance often placed in them. *Dilated pupil* as an evidence of effusion; *contracted*, when fluid exists in large quantities at the base of the brain, or into the pons Varolii, are states not permanent in the same individual case, but often alternate from unknown or very slight causes. The *half-closed eye*, covered where exposed with mucoid film, thought by some to be a reliable diagnostic or disease of the brain, we recently found wholly delusive in a very marked instance.

Hemiplegia may depend, as asserted, upon a greater softening, or disorganized condition of one side of the cerebrum than the other, but every one, who has tried to prove this, will acknowledge the difficulty.

Paralysis may probably be attributed, with reason, to the giving way of the central portions of the brain, as is generally supposed.

Convulsions, on the contrary, are said to have their origin in causes affecting the surface of the brain; but their causes, various and apparently dissimilar as they often appear, may nevertheless produce similar cerebral disturbance, either through direct or reflex movements in the nervous system.

CONVULSIONS are striking symptoms—symptoms only—of diseased changes taking place, perhaps within the cranium near the seat of their origin, or in other and possibly very distant parts of the body. Whatever may be the part of the acting nervous material of the brain-substance, which under an influence which we will call cerebral disturbance, for want of a better term, gives rise to convulsive agitations, it is not unlikely that this peculiar disturbance is brought about whenever any disease is accompanied by convulsions. To this disturbance, and not to any organic lesion necessarily connected with the disease in question, whether such disease be near the brain or far from it, we must ascribe these convulsions. Thus may be accounted for, not unphilosophically, the convulsive movements occurring in gastric as well as in meningitic diseases, and the fact also that these movements are not uni-

formly nor necessarily attendant upon any of such diseases. Thus, too, may be explained the temporary or paroxysmal characters of convulsions generally.

— Taking such views, and remembering the greater nervous development and susceptibility in children than in adults, we may understand why a disorder or a disease, which in adults would ordinarily be ushered by *rigors*, may commence in children with convulsions—the convulsions as well as the rigors not indicating *the* disease, but only the coming on of some affection to be thenceafter made apparent.

So, also, when in the course of any disease, an increase or metastasis is taking place, and we have in adults a repeated rigor or marked delirium, we may expect in children an onset or recurrence of convulsions.

In all cases the convulsions must be considered as consequences of a disturbance in the acting material of the brain, and not the cause of the incoming, changing or rapidly increasing severity of the disease. In the one case they warn us to look out for an approaching or newly-arrived evil, of slight or serious character it may be; while in the other, in the course of any disease, they generally announce impending danger, not from themselves merely, but from an increase, or unfavorable advance, or complication of the affection then in progress.

Of the number and variety of the diseases or morbid conditions which induce or are accompanied by *convulsions*, every one in active practice must had sufficient experience.

Finally and generally, as the functions of the brain must depend essentially upon the peculiarities of the cerebral structure and not upon the membranes, any derangement of function implies a primary or secondary change in the acting nervous material itself. This change may not be any the less organic because we cannot discover it after death; but we should not forget that the symptoms of such change, cerebral symptoms, are not due, as essential elements, to affections or organic lesions in other textures, however near or distant they may be. Inflammations or diseases of the investing membranes of the brain itself may exist without inducing cerebral symptoms, but the connection between the meninges and the brain-substance is so intimate, and their integrity so important, that disease in them is probably more likely to prove the occasion of cerebral derangements, though such are as truly secondary as when arising from other and remoter affections.

—*Boston Medical Journal.*

THE ALCOHOL QUESTION.

By DANIEL HOOPER, B. A. & M. B.

How do alcoholic liquors act on the human body—as foods or as poisons?—and is their regular and moderate use beneficial or injurious? These are questions to which our most eminent physicians and physiologists give contradictory answers, and the intelligent and reading classes appeal to them in justification of their habits of indulgence or abstinence; they take or avoid alcoholic liquors systematically, and on principle, and the practice in either case is based upon a scientific truth or a scientific error. It is therefore of the highest importance, both for the sake of the public health and of science, that those to whom we naturally look for guidance in these matters should come to some definite and determinate conclusions on the alcohol question. What can be more deplorable than the fact that the medical profession is divided into two distinct schools on this subject—the one represented by Dr. Carpenter, the other by Dr. Todd, Dr. Chambers, etc.? By one school, alcoholic drinks are regarded as *food*, by the other as *poison*; by one as a regular, daily, and useful, if not necessary, part of man's sustenance; by the other as powerful medicinal or poisonous agents, only useful, like those of the apothecary, under certain rare and peculiar circumstances. One school would place them in the same category as salt, sugar, butter and tea, as articles of ordinary domestic consumption; the other would range them on shelves, in company with laudanum, salt volatile and chloroform. These facts prove that a deeply-rooted fundamental creed as to the action of alcohol upon the human tissues lies at the bottom of, and gives its peculiar tinge or complexion to, each of these schools; and until this action of alcohol upon the tissues and vital functions is finally settled and agreed upon, it is impossible that the teaching of men of science and the practice of the public can be, as in the case of meat and bread, unanimous and satisfactory.

It is extremely difficult to determine, with accuracy and precision, the mode in which any agent affects the bodily tissues and functions, but experience and experiment, induction and deduction, chemistry and physiology, enable us, in many cases, to arrive at the truth, or an approximation to it; and,

consequently, there is at the present day a tolerable, constant and unanimous belief respecting the *modus operandi* of a considerable number of dietetical and medicinal agents, and it is much to be lamented that two totally opposite and contradictory beliefs should exist on a subject of such vital importance to the public as that of the action of alcoholic liquors upon the human body. I do not pretend to be able to settle this great and difficult question, but I shall endeavor, by quotations from high authorities, as well as by observations and reasonings of my own, to exhibit fully and clearly its present state, and thus to render its solution easier and less distant.

Alcohol appears to seek out and fix upon *nervous* matter, and to act directly and specially upon it, just as other agents localize themselves in particular organs. Dr. Todd regards alcohol as a *food*—Dr. Carpenter as a *poison*—to nervous matter; both, however, agree that it acts upon the nerve-cell and fibre *directly*, and upon the encephalon almost to the exclusion of the spinal cord. "So far as it influences the nervous system," says Dr. Todd, "the action of alcohol is that of a stimulant—an unfortunate term, indicating a distinction without a difference; other forms of food are likewise stimulant, but as they do not act directly and quickly upon the nervous system, their exciting properties are not so apparent. In like manner, alcohol possesses its stimulating property, because it is a form of aliment appropriated to the direct nourishment of the nervous system, and to its preservation; its special adaptation to this system gives it an immediate exciting power superior to any other kind of food." He further says, that alcohol, even when taken in excess, does not produce inflammation of any organ, but that its bad effects are shown in the nervous system; it damages the nutrition of the nervous matter, poisons the nerve-fibre and nerve-cell, and produces anæmia of the brain. Waste of nervous matter is indicated by tremblings and impaired mental power, and these symptoms may be caused by mental anxiety, fatigue, or sexual excesses, with or without the use of alcohol. Todd contends that the proper and moderate use of alcohol repairs and enervates the nervous system; in short, he regards it as "*its appropriate pabulum*," or food; if given beyond what is required in the treatment of disease, he says it will be exhaled and perceptible in the breath; not so, if the quantity be proportioned to the wants of the system. Dr. Marcet, in a book entitled "*Chronic Alcoholism*," has very well described the effects of the habitual and excessive use of alcohol. The

symptoms, he says, may appear during the indulgence, or long after the discontinuance of the bad habit, and are these: Head-ache, vertigo, unsteady gait, tremors, *musæ volitantes*, ringing in the ears, deficiency of what the French call "aplomb," nervousness, sleeplessness, night-mares, frightful dreams, weakness in the loins, hips and knees, inability for exercise, and weakness of intellect and memory. The same or similar symptoms may arise from other causes besides alcohol; such as mental anxiety, excessive intellectual toil, sexual excesses, inordinate smoking, etc., all which, in common with alcoholic excesses, exhaust or waste the nervous matter. Dr. Todd, as I said before, regards alcohol as the proper pabulum of the nervous, in the same sense as albumen is the appropriate pabulum of the muscular tissue. Carpenter, on the other hand, endeavors to show that alcohol is essentially destructive, of nervous matter; he contends that it only stimulates the brain and nerve as the spur does the horse, and that this stimulation wastes and destroys it, so that in the end, and on the whole, it will be in worse condition than before, and will require time and repose in order that it may be fed and repaired by blood containing what he considers to be its appropriate pabulum—viz: phosphorized fats, albumen, etc. If every act of the mind, every thought and emotion, wears away some portion of the nervous matter, just as every muscular contraction wears a part of muscular fibre, it is evident this must, in both cases, be restored in some way. Now Carpenter contends that alcohol cannot, and does not, restore nervous matter, but that it only stimulates the wasted and jaded brain and nerves to further efforts—that is, in fact, it acts upon them as the whip or spur does upon the jaded horse, making them work at the expense of still further wear and tear; so that alcohol, on this view, is a sort of suicidal instrument to the nervous system, goading it on to its own destruction. What then, can and does repair nervous waste? Dr. Todd would answer, "Above all things, *alcohol*." Dr. Carpenter would reply, "Certainly *not alcohol*, but rest, sleep, and a blood containing the proper pabulum of nervous matter—fats, albumen, etc. No doubt there are many agents which all the world admits, *do* repair nervous waste; such are tea, coffee, fresh air, recreation, sleep, and good food, about which there exists no sort of doubt or question; but good reasons ought to be given for excluding alcohol from the category. Now, of tea, coffee, exercise, study, sleep, etc., we may affirm, that used within certain limits, they stimulate,

strengthen, nourish, and repair the nervous tissues; and that beyond these limits, they weaken, depress, and waste it. May this not be asserted, also, of alcohol? Dr. Carpenter argues that alcohol cannot ultimately benefit nervous matter, because it is incapable of regenerating it—i. e., of becoming its material pabulum, or food; but no one questions the benefit of tea, coffee, moderate study, sleep, and recreations; and yet we have no reason to suppose that they, *per se* and directly, contribute the most minute particle of matter to the brain and nerves.

In studying the physiological action of alcohol upon the human body, we must never forget that it is one of that large class of agents whose influence varies, not simply in amount, but kind or quality, according to the quantity administered; so that the effects of a large dose will be, not a mere *multiple* of those of a small one, but of a totally different character. In some few cases, as those of lying or stealing for instance, quantitative difference does not produce qualitative difference; but in the majority of cases it does. A certain temperature produces ice—a higher one steam; a certain weight bends a spring—a heavier one weakens it; a few hours' study may innervate the brain—a few hours more will enervate it. And may not, also, a certain amount of alcohol, tea, coffee, etc., strengthen the nervous system, and a larger one weaken it? Or is alcohol mischievous in all proportions, whilst tea, coffee, study, etc., are not so? Cause must be shown why alcohol is to be excluded from the class of agents which do good in moderation, and harm in excess.

Is alcohol a *food* or a *poison*? This question is still an open one; the end and aim of all food is force; food is finally converted into force, which may be regarded as its true definition, and almost as its equivalent, convertible, and equipollent term. In this sense, alcohol, tea, study, exercise, oxygen, may all be regarded as food, for they all give force although they probably do not, directly, and *per se*, furnish any material pabulum to the brain and nerves. Alcohol, however, may possibly do so, (as we shall see in another place,) and may, therefore, be regarded as a more real food than the others. Moderate exercise of mind and body is a generator of force, and the indirect means of imparting growth and strength to the brain and muscles. But alcohol is more really and strictly a food than any such agent as exercise; for all material food is either plastic (tissue-making) or respiratory (heat-making,) and alcohol is a most excellent respiratory or calorific food,

for it is far more digestible, and far quicker in its action than starch, fats, and sugar, and is at once absorbed by the vessels on the walls of the stomach; consequently, where time is an object, as in cases of fainting, or of collapse from accidents, alcohol possesses a manifest advantage over the more solid and slowly-acting hydro-carbons. Even Carpenter admits the rapidity of its action; but he objects to its employment except in cases of emergency. He says, "Alcohol is the quickest in its action of all the hydro-carbons, but others would be equally and more permanently efficacious, if time were only given them to act. In some exceptional cases this *time* cannot be given, and then alcohol is indicated." He also says, "Alcohol, by presenting itself first for combustion in the lungs, prevents the other carbonaceous matter of the blood (supplied from food and other sources) from being burnt off in the lungs; these, consequently, are thrown upon the skin, liver, and kidneys, which organs are very likely to suffer in the performance of this extra duty." All writers agree with Moleschott, that "wine saves the tissues from being burnt, by offering itself as a fuel;" and the most recent experiments of the eminent physiological chemists of Germany have completely established this truth; that alcohol, (in common with tea and some other agents,) by preventing the waste of the tissues is, if not a real and material pabulum, at least an equivalent to it, a diminution of expenditure being, of course, tantamount to an increase of income. It is objected, that alcohol is only a temporary stimulus; that the force generated by it is only temporary. But this is not a valid objection, since all stimulus, all force is temporary; food, fresh air, exercise, are all stimuli, or generators of force, but are temporary in their action. Life is only possible under incessant stimulus. Tea and coffee are called "agreeable and refreshing" stimuli; why should the stimulus of alcohol be called noxious? What is there peculiar in the alcoholic stimulus that demarcates it from all others? If a moderate quantity of tea be taken, the effect is agreeable and refreshing; but if taken in excess, the effect is disagreeable and enervating. We may say the same precisely of a mountain walk; neither of these stimuli leaves the body in a worse condition (but, on the contrary, a better) at the expiration of five or six hours, than it would have been without it. Dr. Chambers applies this test (which seems to be a very fair one) to alcohol, and contends that if an individual finds himself better able to perform all the duties of life during five or six

hours' interval of his meals with and without alcoholic stimulants, then they are good for him; at the end of this interval, if alcoholic liquors agree with him, he will feel more cheerful and vigorous than he would have felt if he had not taken them.

In the case of poisons, or alcoholic excesses, this average interval of five or six hours would be one of misery, and before its expiration the poison or the stimulus would demand imperatively either a remedy or a repetition.

All physiologists agree, that every mental effort wears away a portion of nervous matter, just as every muscular effort destroys and removes the muscular fibre. This being so, the lost matter must, in both cases, be restored by the blood, unless a totally different law obtains in the two structures, which is improbable. Now, we know that the muscular tissue is repaired by the albuminous matter of the food existing in the blood. What part of the food, then, is it which, entering the blood, repairs, restores, or builds up the effete nervous matter? Phosphorous, oils, and fat constitute a large portion of the nervous structures; and alcohol, being a hydro-carbon, is chemically allied to these components of nervecoll and fibre. But what is its precise action upon them? Is it a real pabulum? Does it nourish them, directly and materially, and build them up, in the same sense as albumen does the muscular tissue? Or does it merely affect them after the manner of study, or cheerful amusement, without imparting anything to them of a real and substantial character? Or, lastly, does it simply quicken the circulation, and so send a larger amount of blood to the brain and nerves in a given time? These and similar questions have yet to be answered before the subject of alcohol can be well understood.

My own observation and reflection may lead to believe that alcohol drinks are highly useful, if not necessary, articles of regular, daily consumption, for vast numbers of persons; but that their kind and amount must be determined by age, sex, constitution, mode of life, and other circumstances. I believe they are more necessary for those whose avocations involve head-work, anxiety, and wear and tear of the brain, than for such as lead a comparatively animal life, or one of mere bodily labor. And I think it will be found that the degree of refinement of alcoholic liquor required is in tolerable exact ratio to the expenditure of brain-powder. The agricultural laborer, for example, is satisfied with ginger-beer, or very poor home-brewed beer; clerks and shopkeepers with bitter ale; and

barristers, judges, and members of Parliament with wine. In fact, we find a gradation of brain-work corresponding pretty exactly to that of the refinement and alcoholic powder of the liquor habitually and instinctively made use of. On the continent, also, we see illustration of the same fact—the strength and refinement of the wines consumed, gradually rising with the exaltation of the brain-work of the consumers. Nor is it owing, as might be supposed, entirely to difference of rank or pecuniary resources; for every man finds the same fact illustrated and corroborated in his own experience. We all find, when on our tours in Switzerland or the Highlands, where we enjoy pure air, good food, and rest and recreation of brain; when, in short, we are living an animal rather than an intellectual life, we care nothing for, and do not require any sort of, alcoholic liquor; whereas, when engaged in our profession or business in London, in the midst of bad air, noise, hurry, bustle, competition, and excitement, we are conscious of an unmistakable craving for a certain amount of alcohol with our daily food; the reason being that, in the one case, we are doing everything to refresh and fortify, and in the other to exhaust and wear out, the nervous system. This fact goes far to prove that alcohol, in some peculiar but as yet unexplained way, *does* repair nervous tissue.

In estimating the value of alcohol, the experience and testimony of healthy persons who use it habitually, and in moderation, ought to be taken into account; also the fact that all ages, and in every corner of the globe, man has discovered a method of preparing it. There are persons who do very well without alcohol; but this is no proof that it is useless to others. There are country districts where the laborers are healthy and strong without meat, and with beer almost as weak as water; but does it follow that the same fare would suit the London lawyer, barrister, judge, or member of Parliament? No, the two cases are totally different. Men whose labor resembles horses may and do live, like horses, upon corn and water; but those who are calculating, thinking, and reasoning, twelve hours out of twenty-four, require a more refined sort of food and drink. A ploughboy will look fat and rosy upon his bread and cabbage and hard pudding and water; whilst a Gladstone will require, besides these, good animal food, tea, coffee, and an alcoholic liquor of great purity and refinement. If the brain-work of the London clerk demands a supply of Bass's ale, that of the working statesman will require something approaching ænanthic æther!

Two arguments used by total abstiners require a short notice. They maintain that alcoholic liquors cannot afford any real and permanent benefit, because they contain little or nothing of a solid nature (as proved by evaporation to dryness.) But if this proves the worthlessness of wine, so does it of tea and coffee. The fact is, experience has proved that all these agents, in spite of their unsubstantial nature, do refresh the wearied brain and nerves, and impart new life and health and spirits. Exercise, fresh air, study, tea, coffee, and segar smoke, are all devoid of solidity; but the argument that they are therefore incapable of imparting anything to the human body is still more so. On the contrary, we know that exercise does add bulk and weight and substance to the muscles, that fresh air does redden and enrich the blood; that recreation and study do nourish the brain and nerves; that tea, coffee, and alcohol, do, at any rate, prevent waste of the tissues (and probably also directly nourish the nervous system,) and that moderate smoking, by soothing and calming the over-busy and excited brain, prevents its exhaustion and waste; in short, some of the least material agents have the most real, powerful, and beneficial influence upon the human body. Again teetotalers contend that, in the case of alcohol, it is impossible, to define moderation and excess, since what is moderation to one man is excess to another, and vice versa; but this is equally true of salt, tea, sugar, coffee, and many other things, moderation and excess in which they regard as tolerably well defined by common consent. The truth is, there is a certain recognized standard quantity of alcohol, salt, tea, sugar, coffee, etc., which all men agree to call moderate, and the difficulty is not greater in the case of alcohol than of any other article of daily consumption. The man who eats a leg of mutton at a meal, or consumes a pound of salt, or drinks a gallon of beer per diem, is looked upon by the public as a monstrosity, an exception, a wonder, whilst he whose daily consumption is one sixteenth of these several articles is regarded as an ordinary individual—a type of the masses; in short, the excessive and the moderate man are as well known and as easily recognized as are any of the types and their deviations in the animal and vegetable world. It is idle and absurd to pretend that the boundry line between moderation and excess is indefinable. I believe every man knows where it is, and when he has overstepped it, even although, from long habit and sensibility, the transgression may have little effect upon him. The soldier's rations and

the diet-lists of great hospital, are so many proofs that there is a standard in these matters, well understood, and that public institutions, in their dietetical arrangements, do not contemplate or provide for monsters who eat a leg of mutton or drink three gallons of beer per diem.—*London Lancet*.

SYPHILIS DURING PREGNANCY AND LACTATION.

Section 285 of "*A Text-Book of Midwifery*," by Dr. Carl R. Braun, Professor of Midwifery, etc., in the Imperial Hospital, Vienna. Translated by BENJAMIN LEE, A. M., M. D.

Women suffering from secondary syphilis during pregnancy usually infect the fœtus and the peripheral portions of the egg through the medium of the blood. The egg consequently perishes, and is prematurely expelled. Many cases of habitual abortion are to be explained in this manner.

Should the fœtus withstand the infectious influence of the mother until the second half of pregnancy, it then does not usually die, but is often prematurely born, giving evidence of its syphilitic heritage at birth by a puny frame, a dirty, smoky, mouldy skin; by vesicles of pemphigus on the palms of the hands and soles of the feet; by round, copperish-red spots or scars on the same surfaces; by condylomatous growths at the points of transition from cuticle to mucous membrane; and by ozena, or nasal catarrh. Such children generally die in the course of the first few days.

On examination after death, evidences of congenital or hereditary syphilis are often found, sometimes in the shape of collections of pus, of the size of a filbert, in the thymus gland, the lungs, the kidneys, or the testicles; sometimes as areolar growths in the liver. These, however, are in many cases absent. Any one who will take the trouble to examine the bodies of a number of fœtuses suspected of syphilitic infection, can readily satisfy himself of the frequency of these alterations in the various organs.

As to the connection between hereditary syphilis and the degeneration of the thymus and liver, noticed by Dubois,* I have had several opportunities of convincing myself of its reality, in company with Wedl,† Dittrich, and others. We

* Dubois, *P. Gazette Médicale*, 1850, No. 20.

† Wedl's *Pathol. Histologie*, S. 359 and 519.

usually found in the corresponding lobes of the thymus several cavities filled with a purulent fluid, or a large central cavity, containing, like the former, a turbid, yellowish fluid. This fluid did not contain the well-known gray uncleated elements which, on being treated with dilute acetic acid, exhibited the characteristic nuclei of pus-corpuscles; in the inter-cellular fluid, elongated threads of mucus also came into view. In the more consistent portions of the walls an exquisite variety of cellular tissue was met with.

In the liver were found cellular growths of a more definite form. In one case, a rounded tumor of the size of a bean, and tinged with yellow, projected slightly from its concave surface, with edges not distinctly defined, but shading off into a brownish-yellow, and finally, into a liver-brown color. The lighter-colored portion of the growth extended to a depth of about the third of an inch. On section, its centre was found to be intensely yellow. The consistence of the imbedded mass was generally very perceptibly denser than that of the surrounding parenchyma; to the touch it was irregularly granular; on pressure, only a small quantity of turbid fluid could be expressed. The softer parts of the new formation consisted principally of cells of the most varied forms, presenting one, two, three, or even four processes, and containing one or two nuclei of an oval form, in each of which was found one nucleolus. The nuclei were eccentric in position, and when double were often in close proximity; but in certain cases, and especially in that of the hour-glass cells, were situated at the two expanded extremities, at a considerable distance from one another.

The fusiform cells, varying greatly in their transverse diameters, were arranged upon one another, as usual, in obliquely ascending layers. The denser portions consisted mainly of fibrous fascicles. The remaining substance of the liver offered no striking anomaly.

Another phase of these cases is that in which gestation is not interrupted by the syphilitic poison; the foetus matures and is well developed, and the child presents at first not a single symptom of syphilis. The sanitary condition of such children, however, usually presents a sad picture, when, at a later period, hereditary syphilis, scrofula, or rickets manifest themselves. Women affected with secondary syphilis, whether its evidence be confined to the skin, the mucous membrane, the iris, the bones, the cartilages, the glands, the muscles, the areolar tissue, or the internal organs; or whether its impress

be stamped upon all these parts of the economy at once, abort very frequently, or give birth to dead (macrated) or miserable living children. Or if they perchance bring into the world mature and apparently healthy offspring, the hereditary disease shows itself in the course of a few days or weeks. A determination of the two following questions is therefore of great importance in practice:

1. Are the condylomata of pregnant women ever an indication of constitutional syphilis? and if so, what particular forms of them?

2. Are vaginal blennorrhœas ever an indication of venereal disease? and if so, what forms of them?

Condylomata occurring in connection with other symptoms of secondary syphilis, as for example, the syphilides, enlargement of the glands in the region of the neck, and the flexure of the elbow, ulcerations of the throat, and indurated chancres, usually, indeed, communicate the disease to the child during pregnancy. But, with regard to condylomata occurring in women who appear otherwise entirely healthy, presenting no other trace of secondary syphilis, there still exist wide differences of opinion. They are supposed by some to be specific, by others non-specific. Many number the pointed condylomata with the latter, and the broad with the former variety. It is considered by a large number of writers that they occur only secondarily, as a product of chancre, and are contagious; by another school, that they are the result of both chancre and gonorrhœa; and further, there are those who suppose that they occur primarily and without the precedence of any syphilitic symptoms, and are therefore inoculable and contagious.

The opinion that the pointed condylomata are simply the result of maceration of the epidermis or epithelium by a blennorrhagic or seborrhagic secretion, has its supporters, while the so-called subcutaneous or endofollicular condyloma is justly said by many to result from neither syphilis nor gonorrhœa, and hence, of course, to be non-contagious.

With so extensive a diversity of views, it becomes of the greatest importance to the gynecologist to adopt a definite opinion on the nature of the growths, in order to be able to shape accordingly his treatment of women affected with them during pregnancy, and of their children during lactation.

Simon,* of Hamburg, has published the following very important propositions with regard to them, which my own observation leads me to sustain. He says:

* Simon, *Ind. spez. Path. and Therap. Red. Virchow, Bd. II, Abth. I, S. 421.*

"There is, in point of fact, no reliable diagnostic sign between syphilitic and non-syphilitic warts. *The greater proportion of such growths in the anal and pudendal regions are probably of an infectious nature*, as they doubtless were before the outbreak of the venereal disease. They are hypertrophic growths of the submucous and subcutaneous cellular tissue; dry where the epidermis is thick, moist where it is thin or wanting, (*plaques muqueuses*), and vary in form with their situation, being broad and symmetrical about the anus, and pediculated in the vagina and at its mouth."

It is extremely improbable that condylomata occurring during pregnancy in the neighborhood of the genitals, depend simply upon the chafing of the epidermis or epithelium, for we find profuse leucorrhœa in fifty per cent. of women during the second half of pregnancy, producing redness, chafing, and even excoriation, and yet never exerting even the slightest injurious influence on the development of the fœtus, or infecting the child with gonorrhœal ophthalmia during labor, or inducing specific eruptions after birth; while, on the other hand, condyloma, in all its varied forms, is met with only in one per cent. of the women in lying-in institutions, and still more rarely among married women.

The condyloma of pregnancy must therefore be produced, not simply by a leucorrhœal secretion, but by some peculiar element of this secretion; and we may safely say that every condyloma occurring on the genitals of pregnant women justifies a suspicion of syphilis, or of some one of those hybrid poisons; and also that it may lead to symptoms of hereditary disease in the child, as has been established by my own investigations.*

Friedinger's† proposition that "children born of mothers affected with pointed condylomata (primary syphilis) are never infected by the poison," cannot be received as an axiom, because his observations extended only to the third month, while hereditary syphilis may break out even after vaccination has run its normal course, and subsequently to the limit fixed by him. As regards the relation of this subject to medical jurisprudence, the following representative dogmas of Diday,‡ and, to some extent, of Hebra, Sigmund,

* Braun, C. Zur Syphilis Congenita, Oester, Zeitsch. f. Kinderheilk. Wien. 1858. S. 201.

† Friedinger, Ebenda, S. 225, und Wiener Ges. Z., 1854, V.

‡ Diday, Traite de la Syphilis de Nouveaux-nés et des Enfants à la Mammelle. Paris, 1854.

Friedinger, Wertheimber,* the author, and others, on the *transmissibility of syphilis in pregnant and nursing women to the child*, are of the greatest importance.

1. If the father presents symptoms of the syphilitic diathesis at the time of coition, the child will undoubtedly acquire them.

2. If the father has been infected at some previous time, but at the time of coition presents no symptoms of the disease, the child may possibly, but not certainly, escape.

3. On the same principle, the influence will certainly make itself seen if the father be in the interval between two consecutive outbreaks of constitutional syphilis, or between an attack of the primary affection and the subsequent appearance of the general symptoms at the time of connection.

4. It may also occur, if a diseased man cohabits with a healthy woman during pregnancy, without the latter showing the slightest evidence of the existence of the affection.

5. The mother implants the disease in her offspring, either by the production of an ovum, which has become diseased in consequence of the constitution vice, or if not herself infected until after conception, through the medium of her morbid blood; for if a widow, whose deceased husband was infected, contracts a marriage with a perfectly healthy man, the children by this marriage may evidence most unmistakable traces of the affection; and further, if a healthy woman suckles the syphilitic child of a stranger, her own subsequent offspring may feel the pernicious effects of her incautious kindness.

6. A mother affected with the secondary symptoms at the time of conception may transmit the disease to the child, while the father is perfectly healthy, and has never been syphilitic.

7. A woman who has taken the disease during pregnancy may transmit it to the child between the second and the seventh months; whether this be possible at an earlier or a later period is at present doubtful.

8. In a marriage where only one of the parties is syphilitic, all the children are not of necessity affected. It may even happen that only one of twins is born with the seeds of disease in its system. This appears to depend upon some preponderating influence of one or other of the parents. If both parents are syphilitic, the child is usually born with the marks of disease upon it. Hereditary syphilis begets scrofula only in the presence of certain conditions, viz: the fact that both

* Wertheimber, Ebenda, S. 145.

parents at the time of coition were in the third stage of the disease; that the constitution of the child, or of either of its parents, is lymphatic; that the child has been nourished entirely upon its mother's milk; or finally, that the anti-syphilitic treatment was not adopted at the proper time.

9. Syphilis can be communicated to the mother through the foetus. The transmission here takes place through the blood, and corresponds to the infection of the foetus by the father, while the mother is healthy.

10. The immediate communication of syphilis to the child (from a primary sore or virulent vaginal discharge during labor) is, in the opinion of most gynecologists and syphilographers, rare. For this there are two reasons: first, that primary sores are rarely found in the advanced stages of pregnancy; and second, that it would necessitate the prolonged contact of a particular part of the foetus with the surface of the ulcer, or the presence of an excoriation on its skin, and the partial absence of the *verruca caseosa*.

11. In sucklings, the infection occurs either through an infectious point on the skin of the nurse, or from the diseased milk. Generally it is first communicated from a child to the nurse, whose nipples then become the seat of condylomata, and in turn transmit it to another child.

12. Although, in the opinion of Diday, Simon, Baumes, Cullerier, and Vidal, it has been demonstrated that infection of the suckling may occur through the medium of the milk, still they allow that the affection is in such cases milder, the eruption appearing later, and often manifesting itself under the form of scrofula.

13. A woman who has given birth to a syphilitic child runs no risk of infection in nursing it, from the fact that syphilis does not occur twice as a constitutional disease in one and the same individual.

14. The passive infection of nursing women usually results from mucous tubercles in the mouth of the suckling; these being among the earliest manifestations of syphilis in the newborn, and pouring out a very abundant secretion.

15. The demonstration of the actual transmission of syphilis from the nurse to the child, in any particular case, is surrounded by difficulties. The nurse may have been cured previous to the time of the examination, and no trace of the disease be left upon her person; or if there be evidences of it, it is supposable that she may have been since infected by another child; or the child may have become diseased through the

medium of the milk, although the nurse has had no visible indication of its existence in her system ; or the child may have been infected by another person ; or finally, a small syphilitic scar upon the nurse might easily escape the scrutiny of the physician.

16. The syphilis of the new-born is, under very favorable circumstances, transferable, although not always inoculable.

17. If the virus of a primary sore be introduced by inoculation at the same time with vaccine virus, a hyaline vesicle is formed, which ruptures on the fourth day and develops the syphilitic ulcer ; the vaccine lymph, however, is vitiated, the regular pustule not forming until the eighth day, according to Sigmund, and, as Friedinger's investigations would show, not even then.

18. Vaccination, if it runs its regular course in a child affected with latent syphilis, induces a more speedy manifestation of the latter. There are cases, however, in which it does not show itself for a considerable period after vaccination.

19. Rickets, in its various grades and modifications, is a not unusual termination of hereditary syphilis, where it has not been recognized and treated as such.

20. Condylomata rarely, almost never, induce constitutional syphilis in pregnant women, and, save for their obstinacy, admit of a tolerably favorable prognosis. They are, however, extremely dangerous to the foetus. The poison interferes with embryonal development, attacks all the most essential organs, and in the new-born enters the great mass of the circulation, without any diminution of its virulence by the action of the lymphatic system.

Physicians are still divided in their opinions as to its treatment during pregnancy, from the alleged fact that a mercurial course may kill the foetus and induce abortion. This apprehension, however, we do not share, and to our mind the method proposed by Simon appears perfectly rational. He says : " Inasmuch as pregnant women, suffering from any well-marked syphilitic affection, usually abort in the second half of pregnancy, gestation cannot justly be considered to contra-indicate treatment ; on the contrary, a judicious anti-syphilitic course may preserve the life of the foetus. Only when confinement is very close at hand may it be more judicious to employ, for the time being, means which are merely palliative, not commencing the radical treatment until after the end of childbed.

" That mercury exerts an injurious influence on the foetus is

true only in so far as it perhaps somewhat dwarfs its growth, while syphilis, on the other hand, destroys its life."

It is not advisable to employ either decoction of sarsaparilla or iodide of potassium in place of mercury during pregnancy, the stomach and intestinal canal being too irritable for these remedies; the latter of which might, in addition, exert a very equivocal abortive tendency upon the vascular activity of the uterus.

The mildest preparations of mercury are those best adapted to the pregnant condition; externally the mercurial ointment in small quantities, and blue pill or calomel, with opium, internally. The corrosive chloride may prove poisonous to the fetus, and cause abortion.

If a woman suffers from primary sores on the genitals during the later periods of pregnancy, an attempt must be made to heal them if possible, in order that the child may escape infection during labor. At the same time, irritating or corrosive applications should not be made, preference being given to such mild agents as lime-water, lead-water, or a decoction of cinchona combined with a little sulphate of zinc and opium, as powerful escharotics may readily induce abortion.

Condylomata, seated in the mouth of the vagina, requires during the last three months a very cautious expectant treatment. They frequently grow with rapidity in this situation, obstinately resisting every remedy, and yielding only to cauterization, by which, however, the fetus is not in the slightest degree benefited, and premature labor may be produced. During, or soon after childbirth, these growths either die of themselves, or soon disappear under the topical employment of the *aqua phagædenica* of the older writers, or some other stimulant lotion. Both ulcers and condylomata should be touched during the progress of the labor with nitrate of silver, and coated with collodion or cerate; injections of oil should be thrown into the vagina, and the child should be most scrupulously washed, especially about the neck, where the skin is thin and exposed. Every excoriation upon its surface should be touched with nitrate of silver, and any subsequent infection from the mother should be most carefully guarded against.

The mother may be permitted to nurse her child for a few weeks, should it seem requisite, provided that her affection be of a mild form, and she be not otherwise incapacitated; for if her blood were capable of building up the fetus to maturity, her milk ought to be fit to nourish it. As a rule, however, artificial nourishment is to be preferred after the third week.

Should a mother affected with constitutional syphilis be unable to nurse her child, on which naturally rests a suspicion of syphilitic taint, it must not, even though apparently healthy, be given to another woman to nurse, inasmuch as the congenital affection often does not make its appearance until quite late, and may infect the nurse through the nipple. If, however, a nurse be found willing to run the risk of infection from her apparently healthy charge, and to undertake the business of suckling it, it becomes the duty of the physician to acquaint her with all the possible consequences that may result from such a course. The children of women affected with syphilis or condylomata must generally be artificially nourished, whether at home or in foundling hospitals, and for this purpose cow's milk answers every requirement. Only in the case of very puny children will it be necessary to keep a goat. The mother should be subjected to an anti-syphilitic treatment during lactation, in order that the taint may at the same time be eradicated from the nursling.

Inunctions of from five to ten grains of mercurial ointment on alternate days are well adapted to the treatment of the child; or, should it present actual ulcerations upon the surface, the sixth of a grain of blue mass in some mucilaginous vehicle, or still better, the third of a grain of calomel, may be administered daily until the disappearance of the affection, and then suspended for a considerable length of time, in order to avoid its more advanced results. The painful ulcers will heal very rapidly under the use of frequent applications of *aqua phagedænica*,* with opium.

If habitual abortion results from latent syphilis on the part of one of the parents, the suspected party must be subjected to a mercurial course. In subsequent pregnancies, mature and vigorous children will generally be produced as a result of this mode of treatment.—*Am. Med. Monthly.*

* Aq. phagedænica is a solution of chloride of calcium, holding in suspension a small amount of bichloride of mercury.

CRITICAL REMARKS ON THE DISEASE OF COUNT CAVOUR, AND ITS TREATMENT.

BY STEPHEN ROGERS, M. D.,

*Late Surgeon to the Panama Railroad Company; Licentiate of the Royal University
of the Havana (Cuba) Medical Department, etc., etc.*

The subject of the untimely demise of the great European statesman, Count Cavour, and of the professional discussions *pro* and *con* upon the medical management of his fatal disease, have been worn well-nigh threadbare by both the medical journals and the newspapers all over the world.

Europeans, perhaps, have come to some conclusion satisfactory to themselves in the affair; and the profession on this side of the ocean, very likely, have, as a general thing, concluded that at this distance and with the indefinite accounts received, we have little data for a well-founded criticism upon the professional behavior of the Count's physicians during, and of their scientific treatment of, his last illness. I confess to have been one of this generality up to the time of the appearance in your journal, of the translated clinical report of Count Cavour's last sickness and death, from *L'Union Médicale*, by Dr. Deslandes. To the American physician, particularly if he has seen much of miasmatic disease in the tropical regions of this continent, or in those sections bordering upon the tropics, and to the young men who are just starting in their career, and who may be thrown into these regions, this clinical, and as stated *reliable* report, must, it appears to me, prove a very curious, interesting, and—as I hope to make it—a very instructive and useful one. Let us commence, then, with the first important point touched upon by the report, viz: the habits of life and occupation of the patient. His mental labor, it is stated, had been for many years excessive, particularly during the last two years, a manner of life well known to be inconsistent with a high grade of animal vitality, and a fact which should have had more respect shown it by the physicians who treated his disease. With this preparatory information, it is no matter of surprise that gout should have troubled him occasionally, nor that he should so long ago as years prior to his death, have had so much trouble to get rid of an intermittent fever as the report states he had. The fact of his not having suffered any "serious or long disease,"

cannot necessarily interfere with these conclusions, for one's *vis medicatrix naturæ* is not by any means shown by a long exemption from disease, irrespective of circumstances.

Expose an individual to causes of disease, to which every body about him, as a rule, yields, then if he escape, it is very safe to accredit him with an extraordinary amount of vital protective force, or in common language, with a fine constitution. Count Cavour, so far as we know, was never thus accredited. On the contrary, we have the statement, that he threw off disease badly, in the history of his long battle with the intermittent fever of six years before. This is the most reliable means of estimating vital force and strength of constitution, viz: the promptness with which disease is thrown off, and with which the system recovers from its effects. With the light of these truths before him, any observing physician could not but have taken the patient in question, as a case requiring cautious and perhaps sustaining treatment, rather than the routine medication and haphazard depletion which we shall see he was subjected to. We now come to the—strictly speaking—commencement of the disease, which finally terminated so unfortunately, viz: the frequent attacks of colic, which are said to have troubled him for about a year prior to his final colic, which we shall hear more of presently. Although purporting to be a clinical record of what actually took place, a more indefinite, objectless, and unsatisfactory collection of words, cannot be conceived of than this paragraph. Absolutely nothing of import is communicated, except perhaps that he had little confidence in his physicians, which we may yet see reason for thinking was not at all strange. We are told that “for about one year he had been complaining of very sharp colics, coming on at night usually, and which he treated by *one or two* bleedings.” Not a word is said of the accompanying symptoms; if there were headache, febrile state of the skin, peculiarity of the pulse, coolness or blueness of the surface; or if these attacks passed off without either heat or perspiration, or if they observed any kind of periodicity in their nocturnal attacks. And if so, whether they were quotidian, tertian, or quartan attacks; nor of the intervals between the attacks. But fortunately, a little further on, we find what may help us to a solution of the doubtful points. “On the 29th of May,” says the report, “in the evening, he was *again* seized with colic.” This expression leads us to the conclusion, that this seizure was not unlike, if it was not precisely like the previous ones, which we have

just seen he had suffered for a year, more or less. Here also we are left in complete ignorance as to any attending phenomena of the colic, if there was any headache, any peculiarity in the condition of the skin, pulse, or temperature. Almost as if by accident, we are finally told, that some time the following day "*the fever being intense, it was thought necessary to bleed him again TWICE.*"

After the bleeding, which had now been practiced three times since his attack of the previous evening—and which really seems to be the object of the report to record—we know nothing of his symptoms, till the morning of the 31st, at least thirty hours after his seizure by the colic. It may have been thirty-six hours. He was then in the language of the report, with the "apyrexia complete." Here also occurs a statement, which fixes in my mind a deep conviction that the Count's physician, however meritorious a man, was utterly worthless to him as a medical adviser. It is this: "M. de Cavour, thinking himself cured, acted accordingly." I also take it as giving another key to the hidden history of his previous colics. It seems to say that he had suffered similar seizures frequently, and they had terminated as this had, and as the probabilities of a recurrence—judging from his previous experience—were considered slight, he discharged his physician, or what amounts to the same thing, refused to be governed by his advice. I submit the opinion that there is the best reason for believing that his previous colics had been more or less like this one, during the whole year before, and that the case up to the 31st of May, had been nothing else than an irregular and more or less marked intermittent fever. From the fact that after all this fever of the night of the 30th of May, no medicine was prescribed that we have any account of, nor any recommended, I am forced to the conclusion, that up to this date the Count's physician did not comprehend his patient's disease, or if he had an inkling of its true character he was overruled by, and very culpably submitted to the opinions and will of his illustrious patron. We are not told if his physician had even seen him in any of his previous attacks of colic, which one or two bleedings are said to have always cured. However this may have been, it is scarcely credible that he could have attended a patient so intelligent as this one, through such an attack as was experienced on the 29th and 30th, without making the discovery that he had frequently suffered similar ones. But if with all this history, and this last day's experience, the case was not understood by

him, and he was unable to make anything out of it, his responsibility is somewhat lightened, for after all it is hard to blame one for the mismanagement of a thing he does not understand. But if he did comprehend the facts in the case, and still gave his assent to what he must have known were erroneous and dangerous notions of his patient, he is in a high degree censurable. His course was plainly to have resigned his charge, as soon as his patient refused to be governed by his important instructions. As to the real character of the colic, so much spoken of, the probabilities are very strong, judging from all the circumstantial evidence we are able to collect, that it was simply *gastric* pain, not by any means an unheard of attendant on, and sometimes takes the place of the cold stage of intermittent fever. Whatever may have been the facts previously, we now see that it is no longer possible to mistake the character of the Count's disease, for on the evening of the same day, the 31st, in the morning of which he considered himself cured, a period of forty-eight hours from his last seizure by colic, we are informed that "*a new attack came on with reaction towards the brain.*"

All that we have thus far gone over, is equalled in indefiniteness, unscientific looseness, and downright stupidity, only by this statement. What do we learn by it? That he was attacked again by colic? That he was taken with chill? That he was seized with delirium? Or that he had any of the early or later symptoms of intermittent fever? To all this, the report only replies, "the abdomen was painless on pressure," and that at his *own* request the patient was bled. Whether the reaction spoken of means to say he suffered headache, or was delirious, it is impossible to say; but if the former, it was precisely what might have been expected after so many bleedings; if the latter, he certainly was in a very unfit condition to give so important directions, no matter what his medical education may have been: so that in either case, his physician was again guilty of a dangerous inefficiency, in not having been governed by his own judgment, which, thus far, we have not seen that he was, in a single instance. At this stage of the drama he was bled twice again, and then nothing more is said of him for thirty-six hours more or less, when we are told that during all that period he had not slept. Had he been delirious during a great part of this time? How many hours of it had his fever been intense? What remedial measures had been employed besides the bleeding? No reply to any of these inquiries; but the probabilities are strong

certainly, that, what with his exhausting bleedings, and his depressing miasmatic disease, he must have been, a part of the time at least, in a condition bordering upon asthenic delirium, if he was not absolutely crazy. The next therapeutical proceeding recorded is "an injunction;" but for what purpose it was given or of what composed, we know as little as if it were not mentioned at all.

It now for the first time appears that the physician suspected there might occur another paroxysm, or, as it is termed in the report, "an exacerbation," a singular name, by the way, for a paroxysm, for we are told in the context, as plainly as it would seem possible for this reporter to tell anything, that another paroxysm did come on the following evening, and that the patient was free from fever through the day.

Here for the first time, after two severe and long paroxysms, we learn that treatment was commenced. In reply to the query put in the report, "Could this treatment have been commenced too late?" I would say, that *treatment* should have been commenced much earlier; but even at the time mentioned, I do not think the case was by any means desperate, had it been attacked in an efficient manner, which was by no means the case. The doses were entirely inadequate, and given in a most routine empirical manner. I cannot better illustrate the different results obtained from quinine, administered in the doses given to Count Cavour, and those obtained from such doses as experience the world over has shown proper, than by quoting the written report upon this point, of one of the surgeons of the U. S. Army. He says, "some two years since I was so unsuccessful in arresting the paroxysms of intermittent with the sulphate of quinine, given in two-grain doses every hour, (although during the apyrexia as much as twelve, eighteen, or twenty-four grains had been given,) that I laid it by in despair, and resorted to sedatives and relaxants, such as tartrate of antimony, ipecac, opium, etc. Still, however, I was not satisfied, and the great reputation the Peruvian bark had so long enjoyed, created doubts as to the propriety of abandoning its use. Soon, therefore, I determined to give it another trial in larger doses, and with this view I commenced three or four hours before the expected paroxysms, and gave from four to six grains every hour until it produced its peculiar effects upon the brain—ringing and buzzing sounds in the ears, a sense of stricture across the forehead, and temporary deafness—effects invariably produced in every case where three or four such doses had been

given. From this time forward I was constantly successful, nor do I remember a case in which it failed, when the peculiar effects it displays on the nervous system were produced. Finding, then, that the enlarged doses had such happy effects, I was induced in many cases, when the apyrexia was short, to give it in single doses of from ten to fifteen or twenty grains, according to the violence of the disease. Here, then, I saw cases of intermittent fever that could not be arrested by fifteen or twenty grains of sulphate of quinine, given in small and divided doses, yield immediately to the same quantity given in larger doses at much shorter intervals."*

As to the comparative activity of the citrate and sulphate of quinine, I have never taken the pains to determine by experiment, but can see no reason why there should be any perceptible difference. But whether there be or not, is unimportant in this particular case, for Cavour did not take enough, had it been the *sulphate*, to produce any results. The gentleman above quoted utterly failed to break up paroxysms with it, given at the rate of two grains every hour; but the Count took of the first prescription only two and a half grains every two hours, really about half the amount. Later we are told that it was prescribed in five-grain doses, but as it was so timed that he could take only one dose before the beginning of another paroxysm, it turned out to be useless, and the whole fifteen grains were thrown away. There is another singular circumstance brought out in this record, viz: that the patient never had *chills*, till some hours after he had commenced to take the quinine. This, for all the world, looks like a case made up to suit the medication.

However, he had a chill, at last, of an hour's duration, followed by fever which lasted for twenty-four hours, more or less intense, attended with delirium. Here we have a positive declaration, that in a *state of delirium* the patient insisted on being bled, and accordingly *was* bled for the sixth time. If this is a veritable statement of what occurred in the sick-room of this patient, more convincing evidence of the imbecility of Count Cavour's physician can hardly be conceived.

Should I go on in this order of examination, little else than a repetition of the same puerile proceedings could be found throughout this most extraordinary clinic. We will not, therefore, spend more time with what was done or said to have been done, but proceed to consider what might and should

* Medical Statistics U. S. Army, 1839 to 1854, page 638.

have been done. Well may the author of this clinical report ask, "Now what was the disease?" If the Count's physician made up this report, he can hardly be charged with want of ingenuity, for a more ingenuous mystification, and evasion of the main points in the case, would be difficult to match in the annals of either medicine or law, both so famous for this species of dodging. But with all the apparent effort to make a report, and say nothing, enough has forced itself into view to enable one who has seen much of miasmatic disease, to satisfy himself that the Count's disease was an *intermittent fever*. First, six years prior to this last illness, he had suffered much from, and was a long time getting rid of, an intermittent fever. This fact alone should facilitate greatly the diagnosis of any subsequent disease, having anything like a periodicity, as was doubtless the case with the colics of this patient, which we are told were particularly troublesome for the last year of his life. I have already given my reasons for believing that these colics had invariably been attended with fever. Second, about two weeks prior to his final illness, he had exposed himself for some days to great heat of sun in riding over his country estates, and—although nothing is said of it—probably to miasmatic exhalations. For a week or ten days after his return from this fresh exposure "he was observed," says the report, "not to be so well as usual, and more irritable." This moral condition is a most common premonition of miasmatic fever, as well as an accompaniment of the incubation (if this term may be employed) and development of miasmatic disease. Third, on the night of the 29th of May, he was seized with one of his *accustomed* colics, which terminated in fever followed by distinct apyrexia, as we have seen. Forty-eight hours after, another paroxysm set in, ran its course, and was followed at the same interval by a third, setting all doubts as to its character at rest, even in the minds of his tardy physicians, who it appears did not commence their trifling medication till he had suffered two severe paroxysms, and had been bled five times. Had the patient, on the morning of the 29th, when seized with colic as it is called, been ordered into hot water to the knees, and opium sufficient to relieve his gastric pain, with acetate of potash, or spirits of nitre, or small and frequent doses of ipecac, to induce and promote perspiration, the hot stage of the paroxysm would, without the least doubt in my mind, have been curtailed to less than six hours, while the various bleedings so reduced the vital forces, that his brain was desperately at work for twenty-four hours, battling with the disease, and restoring the system to a normal state.

As to the amount of blood taken, we are quite as ignorant as on any other important point in this most dubious report. But whether much or little, I do not hesitate in declaring, that every drop taken, did the patient injury. Plethoric butchers may occasionally be bled in miasmatic fever without danger, but a man of the age, the habits, and the brains of Cavour, loses blood badly in these diseases, at great expense of vitality, and much at his peril. At the commencement of the apyplexia on the morning of the 31st, or even after the second paroxysm, and all of the bleedings, on the morning of the 2d of June, as soon as the skin began to feel moist, which, by the way, I believe is not mentioned in the whole report—ten grains of quinine in solution should have been administered, and repeated hourly till his ears rang, or till he showed some other evidence of being thoroughly under its influence, and then should have been kept so far at least forty-eight hours, by a dose once in five or six hours of sufficient amount.

Here I wish to remark, that my very extensive experience in the use of quinine has convinced me that the theoretical administration of it, in small and repeated doses, for the object of saturating the system, and thereby expelling, or neutralizing, or destroying the miasm, is an unreliable, generally useless, and dangerous practice, in districts where there exists much intensity of miasmatic poison. A dose of quinine so small that it produces no sensible influence or impression, is not to be depended upon either as a preventive or curative. The quantity requisite to produce this effect, is variable, from ten grains down to three. As a general rule for adults, four or five grains will produce it (if given in solution), but if not, it should be repeated in the course of an hour. It seems hardly requisite to say, that when a prompt action of this agent is required, it should be given in solution. Quinine is not a cumulative medicine. Its effects are about as transitory, and it is eliminated from the system with as great facility and rapidity, as a dose of alcohol. Hence, if the indications of its influence upon the brain—such as buzzing in the ears, etc., are established, and allowed to pass off, before the hour for the commencement of a new paroxysm, it will rarely do any good. I have repeatedly, in my own person, failed to arrest premonitory symptoms of miasmatic fever—such as pains of the extremities, loss of appetite, restless nights, slow digestion, etc., for two or three days in succession, by the occasional use of a moderate dose—say four or five grains—which at once disappeared, the moment my ears began to ring from a

double dose. I have never seen any reason to believe in the chemico-therapeutic doctrine, that the presence of quinine in any quantity, and miasmatic poison in a state of activity, cannot at the same time exist in the system; that the quinine neutralizes the poison, in some inexplicable chemico-vital manner. It exerts its medicinal power, by simply stimulating the brain to a more or less healthy vital action, of resistance, restoration, and preservation. Hence if it be not administered in amount sufficient to produce effects appreciable by the senses, it will, as a rule, be worthless in the treatment of intermittents. From this belief, which I have not settled down in without ample evidence, comes my opinion, that if Cavour, on the morning of the 31st May, had taken ten grains of either citrate or sulphate of quinine in solution, and if his ears did not, in the course of an hour, begin to give indication of its action, repeated the dose, and so on, till he *had* unquestionable evidence of its action, by occasional doses, for two days; notwithstanding the three suicidal bleedings he had already suffered; his disease would have been cured, or at least that he would have recovered from that attack, and his country be spared her loss. At the approach of the hour for the paroxysm, which in order would have come on the 4th June, it would have been prudent to take another ten grains for safety. It is always safe practice in miasmatic disease, to particularly respect the first and second regular periods, after the one he has been carried over by anti-periodic, and to show this respect, by administering a good dose, of from five to ten grains, two hours in anticipation of its arrival.

Intermittent clearly, and simply in the beginning, Cavour's disease, by repeated bleedings, and by the exhaustion of vital force, produced by the successive uninterrupted paroxysms of a violent fever, was converted into what the reporter calls *ataxie*, attended very naturally by the delirium of exhaustion. Hence we see, that during the remainder of his existence, after the sixth bleeding, he was more or less constantly delirious. It was in almost every particular a case of what in this country is known, or supposed to be known, by the name of Panama or Chagres fever. The main point of difference is, that in his case vitality was exhausted by *bleeding* and fever, while in the latter it is reduced by the influence of tropical *heat*, and fever. The suggestions as to the treatment that should have been employed, both in the paroxysms and to prevent them, in this case, are an expression of the conclusions arrived at, from an extensive experience with this last named fever.

If these remarks and opinions, frankly given, result in throwing any light on this—as already stated—nearly worn out subject; and especially if they are ever of any service to the young physicians, who are annually going forth from this country to all parts of the world; my wishes are attained. I desire to impress them with the fact, that next to ignorance, comes inefficiency in administration, and that if they get patients whom they cannot control, it is much better for their professional reputation, and peace of mind, to resign the care of them, than to be dragged by them into discredit, and perhaps infamy, for an act which may be the fruit of ignorance or indiscretion, on the part of the patient, if assented to by the physician, who understands the dangers attending it may render him highly censurable, criminal, or even infamous.

Count Cavour is past recovery; let this example serve as a lesson for future reference, to all whom it may interest.

NEW YORK, Nov. 18th, 1861, 42 W. 29th St. — *Am. Med. Times.*

CROUPY INFLAMMATION IN THE MARGIN OF THE GUMS, AND ITS EFFECTS.

By DR. STEINBERGER, of Vienna.

TRANSLATED BY GEORGE HENRY, M. C. D. E.

Croupy inflammation of the gums is simply referred to by most authors, in their description of diseases of the mucous membrane of the mouth and throat, as 'diphtheritis membranacea;' and it is apparently regarded by the practical surgeon as of less importance than when it attacks the throat, because he does not see in it so much danger to the life of the individual: and yet it merits special consideration, as well for its primary appearance in the margin of the gums, as for its morbid consequences, which may involve neighboring osseous structures, as the alveolar processes, or the jaw-bone itself. This disease is of special importance to the practical surgeon, who attends particularly to diseases of children, because it often assumes an epidemic form after scarlet fever and other eruptive diseases in hospitals for children, and even in large families: it is of equal moment to the dentist, who is mostly called upon to treat it in the later stages, when it has

produced loosening of the teeth, degeneration of the alveoli, or necrosis of the jaw-bone. When the disease occurs in adults, the dentist often meets with it in its earlier stage, the patient being induced to consult him, partly owing to the pain, partly to the fetid odor arising from the affection, which is a burden to his existence.

The disease presents itself under the following appearances: The gum is inflamed, somewhat swollen, and very painful, and prone to bleed on being touched. In its early stage, the margin of the gum is found to be covered with a pale-gray, structureless membranous exudation, scarcely half a line in thickness, which sloughs off in flakes. The mucous membrane beneath is deprived of its epithelium, very vascular, and bleeds readily. The formation of the exudation commences generally externally, *i. e.* on the labial and buccal portions of the gum of the lower jaw, and often first at its boundary with the lower incisors, whence it gradually progresses until the margin of the gums is completely involved. The gums of the lower and upper jaws are seldom attacked at the same time.

The exudation takes place rapidly, often in a few hours, not seldom in the course of a night; it is accompanied by a very painful sensation, described by the patient as a drawing pain: this is increased by stopping in warm places or in bed. Feverish appearances are slight, often scarcely perceptible.

As soon as the exudation is formed, it sloughs away in an ill-smelling, ichorous mass, which corrodes the mucous membrane beneath, producing an ulcerated surface. Not unfrequently, the mucous membrane of the cheeks lying on the teeth and diseased gums is covered to a great extent with this exudation, as also the border and under surface of the tongue. An inflammatory action is likewise set up in the lining membrane of the alveoli, through the ichorous discharge; it becomes strongly injected, swollen, and covered with exudation, which, after sloughing in the alveoli, particularly in those of the lower jaw, is retained, as it were, in a reservoir. The teeth become loose through the swelling of the periosteum, appearing longer to the patient; and through the continued presence of the corroding ichor, the periosteum is destroyed, and the teeth, being disconnected with the jaw, either fall out of themselves or are readily removed.

"When the periosteum is destroyed, this exerts its corrosive power on the bones, which become infiltrated with the fluid, carious in larger or smaller portions, and finally necrosed. In

the almost epidemic cases of croupy gums occurring in the Hospital for Children last year, the opportunity presented itself for observing several cases, in which the alveolar processes had so disappeared that in children of from four to six years of age, after the primary teeth had fallen out, the germs of the developing permanent teeth were exposed to view.

In the upper jaw, the destroying process does not proceed to such a depth as in the lower jaw, because the ichorous matter, being heavy, has a tendency to sink downward, and thus considerably facilitates the cleansing of the parts; while, in the lower jaw, the decomposing fluid is retained in the alveoli and in the porous bones, thereby greatly favoring the extension of the disease. Frequently, necrosed portions of the alveolar process, an inch in length, are exfoliated. Necrosis does not always proceed from the alveolar border downward; but the gums may be destroyed and the anterior bony wall die away, leaving the dental germs exposed.

This disease occurs more frequently in children than in adults, and more often in those who have lately recovered from tedious illness—as scarlet fever, measles, and typhus—than in those who are otherwise quite healthy.

A chilly, damp dwelling is commonly an exciting cause, or exposure to a cold, damp draught: the latter is often the sole cause of such disease in healthy and often strong men, as travelers, or those engaged in business in wet localities. The disease only assumes an epidemic character in hospitals for children. This appears to arise partly from immediate contagion, through the transmission of the exudation from one child to another by means of various articles in use, and partly also from the weakness which follows long-continued illness. Sometimes a peculiar tendency does not appear to lie in any definite external circumstances; for it is a fact that, in the sick-chambers set apart for these patients, their number will not diminish for several weeks together, but recruits are constantly added from other wards, while the earlier patients have long since been dismissed as cured.

The duration of this disease is dependent on its extent, especially on the stage in which treatment is first resorted to, and, further, on the general state of the patient's health. Its effects are generally more lasting and destructive when it succeeds a previous illness than when occurring in healthy individuals. Slight cases are curable in from eight to fourteen days, the more severe requiring often several months.

Treatment.—As croupy inflammation of the gums exerts its

hurtful effects particularly through the lengthened presence of the ichorous product discharged from its generating source on the surrounding parts, the first thing suggesting itself as favorable to a cure is extremely careful cleansing. The best plan is carefully to remove the exudation before it is thrown off. This is readily effected, and that without giving much pain, by removing the exudation, especially from between the teeth, with a dossil of lint held with an instrument. This done, the ulcerated surface is cleansed from blood by syringing with warm water: a little alum may be added when the hæmorrhage is excessive. When the mucous membrane is thus cleansed, the wounded surface should be touched with caustic, not forgetting to apply it well between the teeth. In the interim, the patient should frequently take warm mucilaginous decoctions in the mouth, which should be a cleansing and soothing kind; and the cauterizing must be repeated so long as any new exudation is formed.

As this disease calls for direct treatment, which is very often refused, especially by children, because it is accompanied with pain, and the nurse, and often even the doctor, avoids the patient, on account of the dreadful fetor, very neglected cases of this kind are constantly received for treatment. An ill-smelling fluid, a mixture of saliva and ichor, flows from the mouth; the lips and inferior maxillary glands are swollen; the otherwise indolent patient announces his approach to the doctor in tears and fear of coming pain. In such cases, the mouth should be well syringed with a slightly-aromatized warm fluid, in order to remove all loose matter. The patient, who feels an immediate benefit from this cleansing, soon endeavors to open his mouth, when all loose flakes of exudation can be removed, and the state of the teeth ascertained. If the teeth are found to be very loose, and ichorous matter flowing from the alveoli, the teeth must be removed, especially if they are carious, or, as is often the case in children, the roots are exposed. If any necrosed portions of bone are discovered, they should be removed at once. After checking the hæmorrhage, the ulcerated portions should be cauterized.

Besides this local treatment, the 'general' is confined to change of air, and, in the convalescent, a liberal diet. By careful attention to this method of treatment, no trouble being spared, the disease can be cured, and its effects limited; though a great extension of the disease in weak persons, particularly in neglected children, may terminate in death through absolute exhaustion."—*London Review—Dental Cosmos.*


EDITORIAL.

PARTICULAR NOTICE.—Until otherwise notified, correspondents are requested to address all communications on business matters of the JOURNAL to

DR. E. INGALS,
BOX 14, CHICAGO, ILL.

Dr. Ingals has kindly consented to act as business manager of the JOURNAL, an arrangement which cannot fail to meet the approbation of all interested, as conducive to the material prosperity of this periodical, and also enabling the editors to devote their attention solely to the duty of appropriately supplying its pages.

Communications for publication may be addressed as heretofore to either of the editors.

 Please forward without further delay your arrearages and subscription for 1862, to

DR. E. INGALS, Box 14, Chicago, Ill.

Which was it?—It is variously rumored that a certain personage of high military rank has been invalided for a month or more past, either from typhoid fever, simple catarrhal fever titillated by “attenuations,” or a “big scare.” *Who is it?*—That is seeking to foist homœopathists upon the medical staff of the army?—That has just secured the position of Brigade Surgeon to a homœopathic confectioner from this city? Will the honorable gentlemen composing the Examining Board at Washington assume the responsibility of this gross insult to the profession, or is it chargeable upon the little gentleman who has thus far been conducting the war upon homœopathic principles—the less done the greater the effect? Or is it a part of the programme by which the valorous * * * hopes to achieve a renomination after having at least once before

challenged the forbearance of his constituents? Meanwhile what will the profession do? Are they disposed to submit quietly to being reduced to a level with homœopaths and quacks of every hue? What say the military surgeons, the medical societies and the journals? Have honorable medical men no rights the powers that be are bound to respect? It is somewhat trying to the nerves, with such cases as this in view, to read the spirited rejoinder of our esteemed contemporary, the *Boston Medical and Surgical Journal*, to the *British American Medical Journal*, which groaned in spirit because it had been reported that the notorious "Dr." Tumblety had received the appointment of Staff Surgeon to Gen. McClellan. Our Boston *confrère* could not think this possible, for "they are all honorable men"(!). Whether Mr. Tumblety is Staff Surgeon to Gen. McClellan (son of the late Prof. Geo. B. McClellan of Philadelphia—*quantum mutatus ab illo!*) or not, we do not know, but he may well be, for Chicago can boast a Brigade Surgeon, late a Prof. in a quasi infinitesimal college, confectioner extraordinary to *Small*, and a fitting congener to Tumblety *et id omne genus*.

Early Vaccination.—Barthez in a memoir read before the Societe Medicale des Hopitaux de Paris concludes that vaccination can scarcely be performed too soon. Yet there is little practical inconvenience in delaying it to the third month as an invasion of small pox before the sixth month is exceedingly rare. He prefers the third month. The *Am. Med. Times* suggests that in the vaccinations rendered necessary by hospital exposures during the first few days after birth, accidents more or less serious and even fatal have sometimes occurred. The three months rule is practically the best.

CÆSAREAN OPERATION.—Professor Gogefroy describes a successful case of Cæsarean operation lately performed by him. He operated four times, and this is his first successful case. He attributes the recovery to the early period of the operation. The advantages of operating early—if possible, before

the rupture of the membranes—are great. The incision into the uterus is, in such a case, much diminished by the contraction of the uterus; in this case, for example, it contracted from about ten to five *centimeters*. Besides injury to the womb and bladder, the consequence of prolonged labor is thereby prevented. The practice, the professor adds, of three nations illustrates this point. The Germans, who operate early, save many females; the French, who delay, save fewer patients; and the English, who only operate *in extremis*, lose almost all their patients.—*British Med. Journal*.

GUN-SHOT WOUNDS PRODUCED DURING THE LOADING OF ARTILLERY.—Dr. Cortese relates (*Omodei Annali Univ. di Med.*) five cases, and gives the following summary of his observation. No other blow of a projectile imparts so great an amount of commotion to the entire limb, and the surgeon is therefore compelled to direct his attention to the whole extremity, whatever amount of lesion may be manifest in the hand. A neglect in this regard may lead to gangrene gaining possession of a large portion of the limb, or to a generalized suppuration, while a diminished power of reaction in the injured parts may give rise to purulent infection, or render amputation useless. When the hand is severely torn, its disarticulation and even the amputation of the forearm is insufficient to secure recovery, because the tissues are more or less destroyed in their intimate structure in consequence of concussion. In such cases, the arm should be amputated. The sooner amputation is performed, the greater is the probability of a favorable result. The rapid and very extensive tumefaction of the limb constitutes a sufficiently certain criterion of the severity of the derangements which are propagated along its whole extent. When no fractures are detected in the diaphysis of the bone, some lesion in the ulnar articulation must be suspected. When the lesion does not seem severe enough to call at once for amputation, we must be prepared for secondary occurrences which will unfit the limb for its functions. Still, conservative treatment should in such cases be attempted.—*British and Foreign Medico-Chirurgical Review*.

Plaster of Paris Dressings for Fractures.—The Parisian surgeons make frequent use of plaster of Paris dressing for fractures, the method consisting essentially of soaking

layers of coarse cloths in the fluid plaster, applying them lengthwise upon the limb and then encircling all with a common roller bandage, which may or may not be also soaked in the plaster. The whole "sets" quickly, applies itself accurately to the surface and supports equally all the parts. It can readily be so applied that one or more of the splints can be removed at pleasure for the application of lotions, &c. It is unirritating and requires little trouble in adaptation. It is better not to connect the whole dressing in a mass until the primary swelling has been measurably reduced. The cloth used should be coarse and loose, so as to absorb freely the fluid plaster, which latter should be little thicker than milk or cream.

It is observable that the most of the improvements in surgical practice of the present time consist in simplifications and the discarding of the cumbrous paraphernalia so long in use. And the practice of medicine is likewise freeing itself from divers unnecessary appendages.

Proposed Changes in the Med. Dept. of the Army.—The bill introduced into the Senate initiates the following arrangement of the medical staff:

Director-General, with rank of Brigadier-General, who shall be chief of the medical corps, and perform the present Surgeon-General's duties.

Sanitary Inspector-General, with rank of Colonel of Cavalry, who, under the Director-General, shall have general supervision of all that pertains to the sanitary condition of the army.

Six Sanitary Inspectors, with the rank of Lieutenant-Colonel of cavalry, who shall inspect the sanitary condition of the troops, and report to the Sanitary Inspector-General.

Surgeons of first class, with rank of major of cavalry, for staff, hospital and bureau duties.

Fifty surgeons, second class, with rank of captain of cavalry to be assigned to duty with regiments.

Assistant surgeons, not exceeding seventy, with rank of first lieutenant of cavalry, with duties of assistant surgeons.

Not exceeding seventy-five medical cadets, not less than eighteen nor more than twenty-three years old at their entry,

to be examined by a medical board. After three years' continuous service they may be examined for promotion to the rank of the highest class of non-commissioned officers.

As many Hospital Stewards as the service requires, designated by a Sanitary Inspector, on the recommendation of the Senior Surgeon of the post, division, or regiment, with rank of First Sergeants of Cavalry.

Sections 2, 3, 4, 5 and 6, provide for selection by the President, from the whole Army Medical Corps, of suitable persons to fill the places of Director-General, Sanitary Inspector-General, and Sanitary Inspectors, none of whom are to be over sixty years of age. Other officers are to be appointed and promoted by seniority. Vacancies are to be filled from civil life or from Brigade Surgeons of volunteers, after due examination, who are not to be over thirty-five years of age.

Section 5 repeals the allowance of extra rations to Surgeons, upon the completion of ten years' service.

Section 7 provides for the retirement of every medical officer sixty-five years old.

Section 8 repeals all inconsistent laws.

If any one thing is more clear than another it is that some change is requisite in the conduct of medical affairs in the army. Nevertheless it is a dangerous matter to meddle with. If it be tossed into the Congressional bear gardens, who knows but that Mr. Senator Grimes will foist in a homœopathic clause, as he has already threatened a bill to introduce homœopathy into the hospitals at Washington. Many a member, whose seat in House or Senate is "shaky," will seek the smiles and support of some local demagogue at home by prostituting his trust to the support of the demagogue's pet humbug—trusting meanwhile to escape deserved castigation from an insulted profession. *Mark these men*—for the time will come when a good memory may be used to advantage by honest men as well as knaves.

Good Pay for once.—Dr. Toland, of San Francisco, it is said, enjoys an income of \$35,000 *per annum* from the practice of medicine and surgery.

Chateaux en Espagne.—The Cincinnati *Lancet* publishes a fee bill in nominal force in that city, which is largely above the rates in this city, remarking however that "these rates are all understood to be simply a maximum rate of fitting remuneration." This leaves the whole matter really at sea, for it is the under-bidding of anxious seekers after practice which demoralizes. Good faith requires that there should be a *minimum* as well as a maximum. As a maximum the Cincinnati rates are much too low, as a minimum it is clear that they cannot be sustained. With our confere, we adopt the language of the Boston *Journal*: "We trust our distant readers will not be deluded into supposing that the average collections of physicians here come anywhere near the aggregate which this table makes their charges assume on their books. Far from it. The grand total recorded may make a very pretty picture, but, alas, it is, in the main, a 'dissolving view,' the 'stuff that dreams are made of,' 'the basis for air castles,' *Chateaux en Espagne.*"

Syphilis conveyed by Vaccine Lymph.—The London *Lancet* records from an Italian journal the transmission of Syphilis to forty-six children by vaccination with contaminated lymph derived from a single source. The evidences of syphilitic infection appear entirely conclusive.

The Excision of Joints.—By Richard M. Hodges, M. D. Boston, 1861; pp. 204.—This is one of the Boylston Prize Essays, and appears to be a valuable *resume* of the subject. It will be further noticed in an ensuing number.

Dropsical Accumulation.—Prof. Peaslee has recently removed one hundred and forty-nine pounds and three ounces of dropsical fluid at a single operation. The patient, a young lady, previously had an abdominal circumference of six feet and two inches. Dr. Peaslee in April last removed from the same patient one hundred and thirty-five pounds of fluid.

Medical Journals.—So far as we can ascertain there are now but *twelve* medical journals surviving in the United States, and two of them are published on the Pacific coast.

Index of Vol. 4, 1861.—We suspect that a glance at the list of subjects noticed and discussed in the last volume, the index for which is sent out with this number, will demonstrate that the Medical world still moves, and that active brains are still at work in developing the real power and respectability of the medical profession. It is sincerely believed that, in the year past, the CHICAGO MEDICAL JOURNAL has been both a reflex and index of the progress of the art and science of medicine. No effort will be spared to render the ensuing volume an exponent such as its friends desire and the profession demand. Arrangements are being made by which it is expected that the faults of the mail, which, during the year past, have annoyed both editors and subscribers, will be corrected, and prompt transmission secured.

Mortuary Statistics of Chicago for 1861.—The subjoined table we reproduce from the *Chicago Daily Times* :

Months.	Adults. Male. Female.			Child'n. Male. Female.			Child'n of		Total
							Nat. Pa's.	For. Pa's.	
January	90	35	55	83	40	43	23	60	173
February	60	36	25	75	36	39	25	50	135
March	85	32	53	87	40	47	28	59	135
April	50	38	12	74	28	48	26	50	126
May	58	28	30	76	50	26	30	46	134
June	49	30	19	82	39	43	35	47	131
July	120	65	55	119	85	34	50	69	239
August	90	48	47	172	100	72	38	134	262
September	75	40	35	152	85	67	40	112	227
October	55	28	27	65	34	31	22	33	120
November	72	50	22	83	45	38	27	56	155
December	92	61	31	103	68	35	41	62	195
Totals	896	485	411	1173	650	523	385	778	2069

Mistaid.—The address of the subscriber who enclosed a ten dollar bill on Grayville Bank. Please write.

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"Dr. Bedford has explored the whole of his ground, in a thorough, luminous, and systematic manner. Without instituting any critical comparison of this with other able works on obstetric science, we simply express the opinion that it is inferior to no other in excellence, while as a Text-Book we are inclined to think that it has a general superiority over all others. We know of no other work that abounds with greater evidences of research, or which is more exact, or more philosophical in the department to which it is limited. We commend it for its unsurpassed ability in all that appertains to scientific and and practical obstetrics. It is a national work, and should, therefore, in having no superior competitor, become the Text-Book in the Medical Colleges of the United States."—*Boston Medical and Surgical Journal.*

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